

COMPLIANCE		
<i>Question</i>	<i>Answer</i>	
How likely are you to recommend our hospital to friends and family if they need similar care or treatment?	Extremely Likely Likely Neither Unlikely Extremely Unlikely Don't know	Existing
Please can you tell us why you gave that response?	Comment	NEW
The quality of your care	Excellent Very good Good Fair Poor	NEW
Did you find a member of hospital staff to talk to about your worries and fears?	Yes, definitely Yes, to some extent No I had no worries or fears	Existing
Were you involved as much as you wanted to be in decisions about your care and treatment?	Definitely To some extent No	Existing
Were you given enough privacy when discussing your condition or treatment?	Definitely To some extent No	Existing
Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely Yes, to some extent No NA	Existing
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes No Don't know/Can't remember	Existing

CONSULTANT		
<i>Question</i>	<i>Answer</i>	
YOUR CONSULTANT Lead Consultant Name: _____		Existing
How likely are you to recommend your consultant to friends and family if they need similar care or treatment?	Extremely Likely Likely Neither Unlikely Extremely Unlikely Don't know	Existing
Did your consultant show you understanding when assessing your need for treatment?	Yes, always Yes, sometimes No	Existing
Did your consultant explain everything to you in a way that was easy to understand?	Yes, always Yes, sometimes No	Existing
Did you have sufficient time with your consultant during this visit or hospital stay?	Yes, always Yes, sometimes No	Existing
Did you have confidence that your consultant would deliver the appropriate care for you?	Yes, always Yes, sometimes No	Existing
We would like to hear any feedback you have about your consultant:	Comment	New

ADDITIONAL KEY QUESTIONS - ALL OPTIONAL		
Question	Answer	
How was your treatment funded?	Insured Self Pay NHS Other	Optional
The admission process	Excellent Very good Good Fair Poor NA	Recommended
Your nursing care	Excellent Very good Good Fair Poor NA	Recommended
Your consultant care	Excellent Very good Good Fair Poor NA	Recommended
The catering services	Excellent Very good Good Fair Poor NA	Recommended
The appearance of the hospital	Excellent Very good Good Fair Poor NA	Recommended
The discharge procedure	Excellent Very good Good Fair Poor NA	Recommended
The way in which your pain was managed	Excellent Very good Good Fair Poor NA	Recommended
Did you feel you were treated with respect and dignity while you were in the hospital?	Definitely To some extent No	Recommended
Did you have confidence and trust in the nurses treating you?	Definitely To some extent No NA	Recommended
If you have any comments or suggestions please give them here	Text	Recommended
Would you like to mention any staff by name who gave especially good service and say what made them special?	Text	Recommended
How did we compare to your expectations?	Exceeded Met Fell below	Optional
Your welcome on arrival	Excellent Very good Good Fair Poor NA	Optional
The promptness of your admission	Excellent Very good Good Fair Poor NA	Optional
Our awareness of your condition	Excellent Very good Good Fair Poor NA	Optional
Individual attention given	Excellent Very good Good Fair Poor NA	Optional
Speed of response to nurse call	Excellent Very good Good Fair Poor NA	Optional
Before your admission were you given all the information you required?	Yes, completely Yes, to some extent No NA	Optional
Was the proposed course of treatment or procedure clearly explained to you?	Yes, completely Yes, to some extent No NA	Optional
Did the nurses keep you well informed?	Yes, definitely Yes, to some extent No N/A	Optional
If you had questions to ask your nurse did you get answers you could understand?	Yes, always Yes, sometimes No	Optional