



Llywodraeth Cymru  
Welsh Government

[www.cymru.gov.uk](http://www.cymru.gov.uk)

# Your NHS Wales Experience

## Questionnaire

### July 2013



# Your NHS Wales Experience

The experience that you have of care is important to us. This might be an appointment with your doctor, a hospital stay, an outpatient visit or something else. We would be grateful if you could complete this survey so that we can understand this better. The questions are based on the things that patients have said matter most. We will ask you questions about your latest experience of healthcare. Please help us by giving your honest opinion.

The questions mostly have 4 options and you are asked to tick the answer that you feel best describes how you feel. Some of the questions have 'not applicable'. Please tick this if the question is not relevant to you.

We do not need to know your personal details but have asked some general questions at the end about who you are. This is so that we can make sure we are asking all groups of people about their experience.

If there is anything we have not asked you, please use the space at the end of this survey to tell us.

If you would like to discuss this survey or ask any questions about it please contact .

Please contact:

Thank you in anticipation, your contribution is very much appreciated.

## How recent was the experience you are thinking of?

- In the last 6 months
- Between 6 months and 1 year ago
- Between 1 and 2 years ago
- More than 2 years ago

### Office Use Only

Area and location:

Date of distribution:

## Thinking about your overall first impressions of the care you received

**1 Do you feel that people were polite to you?**

- Always
- Usually
- Sometimes
- Never

**2 Do you feel that you were: i) Listened to?**

- Always
- Usually
- Sometimes
- Never

**ii) Given all the information you needed?**

- Always
- Usually
- Sometimes
- Never

**3 Do you feel you were given enough privacy?**

- Always
- Usually
- Sometimes
- Never

**4 Were you: i) Given the support you needed to help with any communication needs?**

- Always
- Usually
- Sometimes
- Never
- Not Applicable

**ii) Able to speak in Welsh to staff if you needed to?**

- Always
- Usually
- Sometimes
- Never
- Not Applicable

**5 From the time you realised you needed to use this service, do you feel you had to wait:**

- A short time
- A little longer than needed
- Longer than needed
- A long time

# Thinking about the place where you received your care

<p><b>6 How clean was it?</b></p> <p><input type="checkbox"/> Very clean</p> <p><input type="checkbox"/> Fairly clean</p> <p><input type="checkbox"/> Not very clean</p> <p><input type="checkbox"/> Not clean at all</p> <p><input type="checkbox"/> Not applicable</p>	<p><b>7 Did you see staff clean their hands before they cared for you?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I don't know</p>	<p><b>8 Did you feel that everything you needed for your care was available?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>
--	--	---

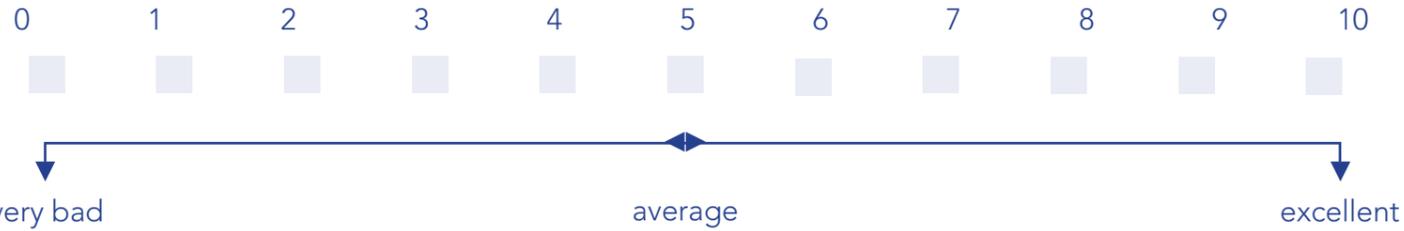
**9 If you asked for assistance:**

<p><b>i) Did you get it?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>	<p><b>ii) Get it when you needed it?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>
---	---

# Thinking about your understanding and involvement in care

<p><b>10 Were you involved as much as you wanted to be in decisions about your care?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>	<p><b>11 Were things explained to you in a way that you could understand?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>	<p><b>12 Did you feel you understood what was happening in your care?</b></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>
---	--	--

**13 Using a scale of 0-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?**



# Thinking of your responses above

**14 Was there anything particularly good about your experience that you would like to tell us about?**

**15 Was there anything that we could change to improve your experience?**

## Equality monitoring

We are committed to ensuring that everyone receives fair and equal respect. Whatever your age, disability, ethnicity, faith, gender reassignment or sexual identity, you can expect to be treated with dignity. We can only achieve this with your help by providing the information below. Data will be used for monitoring purposes only and held in strictest confidence. Your identity will not be disclosed to anyone.

<b>Q1</b>	<b>What is your date of birth?</b> (dd/mm/yyyy)	
-----------	--	--

<b>Q2</b>	<b>What is your Gender?</b>		
	Male	Female	I prefer not to say

<b>Q3</b>	<b>At birth, were you described as:</b> (please tick one option)		
	Male	Female	
	Intersex	I prefer not to say	

<b>Q4</b>	<b>Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?</b>		
	Yes, a lot	Yes, a little	
	Not at all	I prefer not to say	

<b>Q5</b>	<b>Which of the following options best describes how you think of yourself?</b> (please tick one option)		
	Hetrosexual or straight	Gay or Lesbian	
	Bisexual	Other	
	I prefer not to say		

<b>Q6</b>	<b>What is your ethnic group?</b>		
Please choose one option that best describes your ethnic group			
<b>White</b>			
	Welsh/English/Scottish/ Northern Irish/British	Irish	
	Gypsy or Irish Traveller	Any other White background (please describe)	
<b>Mixed/multiple ethnic groups</b>			
	White and Black Caribbean	White and Black African	
	White and Asian	Any other Mixed/ Multiple ethnic background (please describe)	
<b>Asian/Asian British</b>			
	Indian	Pakistani	
	Bangladeshi	Chinese	
	Any other Asian background (please describe)		
<b>Black/African/Caribbean/Black British</b>			
	African	Caribbean	
	Any other Black/African/ Caribbean background (please describe)		
<b>Other ethnic group</b>			
	Arab	I prefer not to say	
	Any other ethnic group (please describe)		
<b>Q7</b>	<b>What is your Religion?</b>		
Please choose one option that best describes your religion			
	No religion	Christian (all denominations)	
	Muslim	Hindu	
	Sikh	Jewish	
	Buddhist	Any other religion (please describe)	

