

Informed Consent

I have been informed about the purpose of this survey by a hospital volunteer and/or have read the information sheet.

- Yes
- No

I agree to participate in this survey.

- Yes
- No

What ward are you currently on?

- [insert ward name]

Patient Survey on Relational Aspects of Care

Q1. Have staff introduced themselves before treating or caring for you?

- Yes, all staff have introduced themselves
- Yes, some staff have introduced themselves
- No, staff have not introduced themselves

Q2. Have staff taken the opportunity to learn about you as a person?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Q3. Have staff made you feel at ease by being friendly and warm in conversations?

- Yes, always
- Yes, to some extent
- No

Q4. Have staff showed you care and compassion?

- Yes, all of the time
- Yes, some of the time
- No
- Don't know

Q5. Have staff listened to what you have to say?

- Yes, definitely
- Yes, to some extent
- No

Q6. During your time in hospital, have you had enough contact with staff?

- Yes, definitely
- Yes, to some extent
- No

Q7. Do staff appear confident and able to perform their tasks when caring for you?

- Yes, always
- Yes, to some extent
- No
- Don't know

Q8. Have you had enough time to discuss your health or medical problem with a doctor or nurse?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- I have not seen a doctor or nurse

Q9. Have you been involved as much as you want to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Q10. During your time in hospital, have staff made you feel safe?

- Yes, completely
- Yes, to some extent
- No
- Don't know

Q11. Have you received as much support as you have needed from staff?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Q12. Overall, do you feel you have been treated with respect and dignity while in hospital?

- Yes, all of the time
- Yes, some of the time
- No

Q13. Who was the main person or people that filled in this questionnaire?

- The patient
- A friend or relative of the patient
- Both patient and friend/relative together
- The patient and the volunteer together

Q14. Are you male or female?

- Male
- Female

Q15. What was your year of birth?

Q16. Do you have any of the following long-standing conditions? (select all that apply)

- Deafness or severe hearing impairment
- Blindness or partially sighted
- A long-standing physical condition
- A learning disability
- A mental health condition
- Dementia
- A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- No, I do not have a long-standing condition

Q17. Does this condition(s) cause you difficulty with any of the following? (Select all that apply)

- Everyday activities that people your age can usually do
- At work, in education or training
- Access to buildings, streets or vehicles
- Reading or writing
- People's attitudes to you because of your condition
- Communicating, mixing with others or socialising
- Any other activity
- No difficulty with any of these

Q18. To which of these ethnic groups would you say you belong? (select ONE only)

- English/Welsh/Scottish/Northern Irish/ British Irish
- Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian

- Pakistani
- Bangladeshi
- Chinese
- African
- Caribbean
- Arab
- Any other ethnic group, write in...

Q19. Please use the space below to provide any additional comments you may wish to share about the staff caring for you and your time in hospital.

Thank you for your time on this survey. Please press the Submit button below to finish.