

## Patient feedback questions

### What is this survey for?

The survey is part of a National Clinical Audit which aims to improve the quality of care that hospitals provide to people who have confusion or memory problems.

We invite you to share your views about the care you have received and about the communication you have had with staff at the hospital.

There are 7 brief questions about care and it should take no longer than 10-15 minutes to answer.

### What happens to the information?

The information that you give will be used to help this hospital and other hospitals, to improve standards of care by highlighting things that are done well and areas that need improvement.

### How will my confidentiality be respected?

All the information requested is anonymous. Taking part is optional and will not affect your care in any way.

Please give the name of the hospital you received care in:

Please tell us about yourself:

- I am a person living with dementia
- I am a family member of someone living with dementia
- Other (e.g. a volunteer – please tell us in the box below):

Which version of the survey would you like?

Text

Emoji



**Did the hospital staff caring for you listen to you and understand your needs?**

- Yes, all of them did
- Some of them did
- None of them did

Please use the box below for further comments:

**Did staff speak to you using the name you prefer to be called by?**

- Yes, all of them did
- Some of them did
- None of them did

Please use the box below for further comments:

**Did staff keep you informed about what care and treatment you were being given?**

- Yes, always
- Sometimes
- No, never

Please use the box below for further comments:

**When you needed help, did staff give you enough of their time?**

- Yes, always
- Sometimes
- No, never
- I did not need help (N/A)

Please use the box below for further comments:

**Were you given medicine for any pain if you needed it?**

- Yes, always
- Sometimes
- No, never
- I did not need this (N/A)

Please use the box below for further comments:

**Did you like the food you were given during your stay in hospital?**

- Yes, always
- Sometimes
- No, never

Please use the box below for further comments:

**Have visitors been allowed to see you during your stay in hospital?**

- Yes
- Sometimes
- No
- I did not expect any visitors (N/A)

Please use the box below for further comments:

**Were you treated with dignity and respect throughout your stay?**

- Yes, always
- Sometimes
- No, never

Please use the box below for further comments:

**Thinking about your stay in hospital overall, would you say that your care was:**

- Very good overall
- OK
- Not good

Please use the box below for further comments:

## About you

Sometimes people's needs and priorities are different, and this is associated with their age group, whether they are living alone, or other factors such as religion. To help us identify any themes like this across all the survey responses we receive, we would really appreciate you taking a moment to answer the following short questions. These are optional and all responses are anonymous.

Here's a link which provides you with information on how we will handle your personal information in accordance with the law. [www.rcpsych.ac.uk/about-us/data-protection/privacy-notice-national-audits](http://www.rcpsych.ac.uk/about-us/data-protection/privacy-notice-national-audits)

**Please note:** the information provided in this section should be about the person with dementia, even if it is being completed on their behalf by somebody else.

How do you define your **gender**?

- Male
- Female
- Other
- Prefer not to say

What is your **age**?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85 years and over
- Prefer not to say

Please specify your **ethnicity**:

- White/White British
- Black/Black British
- Asian/Asian British
- Mixed
- Other
- Prefer not to say

Thank you very much for your responses.