

# Carer Questionnaire

This form will be scanned by a computer.

Please use Black or Blue ink and write in block capitals (where possible).

Tick or Cross your answers within the boxes like this:

Correct any mistakes by filling in the box like this:

Please tick one box per question.

Which of these best describes your relationship to the person you look after?

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Professional carer (health/social care) |
| <input type="checkbox"/> Family Member     | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Friend            |  |

Are you one of the main carers for the person you look after? For example, family carer or key worker.

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

## PATIENT CARE

1. Do you feel that hospital staff were well informed and understood the needs of the person you look after?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

2. Do you feel confident that hospital staff delivered high quality care that was appropriate to the needs of the person you look after?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

## COMMUNICATION

3. Was the person you look after given enough help with personal care from hospital staff? For example, eating, drinking, washing and using the toilet.

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

4. Was the person you look after treated with respect by hospital staff?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

5. Were you (or the patient, where appropriate) kept clearly informed about their care and progress during the hospital stay? For example, about plans for treatment and discharge.

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

6. Were you (or the patient, where appropriate) involved as much as you wanted to be in decisions about their care?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

7. Did hospital staff ask you about the needs of the person you look after to help plan their care?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Yes, definitely     | <input type="checkbox"/> No         |
| <input type="checkbox"/> Yes, to some extent | <input type="checkbox"/> Don't know |

## OVERALL

8. Overall, how would you rate the care received by the person you look after during the hospital stay?

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good      |                               |

9. How likely would you be to recommend the service to friends and family if they needed similar care or treatment?

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely likely            | <input type="checkbox"/> Unlikely           |
| <input type="checkbox"/> Likely                      | <input type="checkbox"/> Extremely unlikely |
| <input type="checkbox"/> Neither likely nor unlikely | <input type="checkbox"/> Don't know         |

10. Overall, how satisfied are you with the support **you** have received from this hospital to help you in your role as a carer?

- |  |  |
|--|--|
| <input type="checkbox"/> Very satisfied        | <input type="checkbox"/> Very dissatisfied             |
| <input type="checkbox"/> Somewhat satisfied    | <input type="checkbox"/> I don't need/want any support |
| <input type="checkbox"/> Somewhat dissatisfied |  |

11. Do you have any comments about the service provided by the hospital to the person you look after? For example, anything you were particularly happy or unhappy about.

**Please note:** Any comments you make will be included in the report for this hospital and may be quoted in the national report. All information included in reporting will be anonymous and any identifying information you give will be removed before reporting.

## ABOUT YOU

12. How do you define your **gender**?

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |

13. What is your **age**?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 65-74 years       |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 75-84 years       |
| <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 85 years and over |
| <input type="checkbox"/> 45-54 years | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 55-64 years |  |

14. Please specify your **ethnicity**:

- |  |  |
|--|--|
| <input type="checkbox"/> White/White British | <input type="checkbox"/> Mixed             |
| <input type="checkbox"/> Black/Black British | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Asian/Asian British | <input type="checkbox"/> Prefer not to say |

**Thank you very much for your responses.**

**Hospital code:**