

## **Inpatient Survey FOR CARERS/FAMILY/FRIENDS**

We (Healthwatch Sutton) are the consumer champion for health and social care in Sutton. We are an independent charity (registration no. 1151601) that is here to listen to your views and use your feedback to influence improvements in health and social care. By completing this questionnaire, you will be helping us to put forward recommendations that will improve people's experience of staying in hospital in the future. All responses are confidential and anonymous. If you complete the form to receive a copy of our report, then your contact details will be kept separately to your survey responses. This questionnaire is completely optional and you are under no obligation to complete it.

Ward Name:

**1. What is your relationship to the patient?**

- Relative       Carer       Friend

**2. Did the ward staff make you feel welcome?**

- Yes definitely       Yes to some extent       No

**3. Was your relative/friend's stay in hospital planned in advance or an emergency?**

- Emergency or urgent (go to 5)  
 Waiting list or planned in advance (go to 4)  
 Something else (go to 5)

**4. Before your relative/friend has received procedures and/or treatments, do you feel that they have been explained clearly to you?**

- Yes definitely  
 Yes to some extent  
 No  
 Don't know/ Not applicable

**5. How many nights has your relative/friend stayed on this ward? (the patient must have stayed at least one night on this ward complete the survey).**

- 1-2  
 3-7  
 7+  
 Don't know

## Being involved

6. Have you been involved, as much as you wanted to be, in decisions about the care or treatment of your relative/friend?

- Yes definitely
- Yes to some extent
- No
- I did not want to be involved

7. Have you been given the opportunity to give feedback or raise concerns about the care being received by your relative/friend?

- Yes definitely
- Yes to some extent
- No
- I have not wanted to give feedback or needed raise concerns

8. Do you feel that staff have kept you informed about the plans for your relative/friend' care?

- Yes definitely
- Yes to some extent
- No
- I did not want or need to be kept informed

9. When it came to helping with your relative/friend's care, did you feel you were doing:

- Too little
- The right amount
- Too much

## Staff

### Nurses

10. In your opinion, are there enough nurses on duty to care for your friend/relative at the following times?

	Yes definitely	Yes, to some extent	No	Don't know
During the weekdays				
During the weekday evenings				
At the weekend				

11. Please state how much you agree or disagree with the following statements about the nurses on this ward:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't know
I trust the <b>nurses</b> on this ward						
<b>Nurses</b> have explained things clearly to me						
<b>Nurses</b> listen to me						
<b>Nurses</b> speak in front of me as if I'm not there						

12. Any other comments about nurses?

### Doctors

13. Please state how much you agree or disagree with the following statements about the doctors on this ward:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't know
I trust the <b>doctors</b> on this ward						
<b>doctors</b> have explained things clearly to me						
<b>doctors</b> listen to me						

14. Any other comments about doctors?

**Other Staff**

15. Any other comments about other staff? (For example, occupational therapists, physiotherapists, phlebotomists, etc.)

**Overall**

16. Has your relative/friend receive all the help they needed on this ward? (for example; to eat meals, go to the toilet or respond to the call bell etc.)

- Yes definitely
- Yes to some extent
- No
- They did not need any help or support

17. If you feel they did not get the help they needed please tell us more:

18. Please rate your overall experience of staying on this ward (1=Poor - 10=Excellent)

- 1  2  3  4  5  6  7  8  9  10

19. Any other comments about your relative/friend's stay in hospital?

If you would like to receive a copy of the report that will be produced as a result of this survey please give your details below. Your details will only be kept by Healthwatch Sutton for the purpose of sending out the report and will be destroyed once the report has been sent.

Name	
Address	
Email Address	