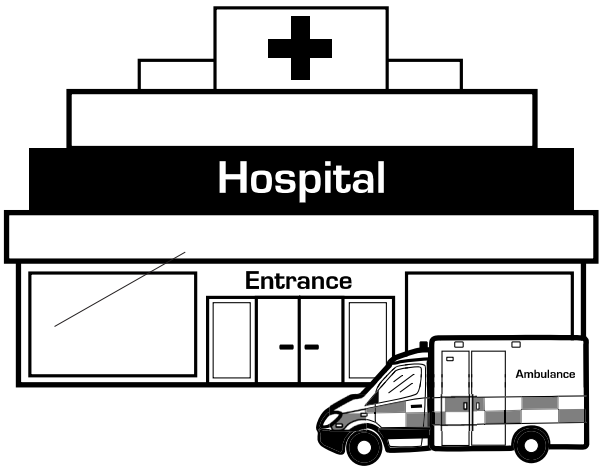



# Your stay in hospital

This questionnaire is about your stay in hospital.



We want to find out how we were treated and what we can do to make hospitals better for people with learning disabilities.


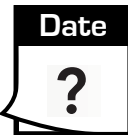


**You can fill this questionnaire in on your own or you can ask a supporter to help you to fill it in.** You may want your supporter to go through the questions with you and write your answers down.



**You don't have to answer all the questions.**

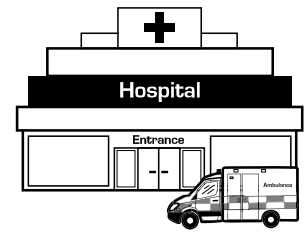
**It is important that your answers are written on this questionnaire not your supporters.** There is a separate questionnaire for family carers and support staff.

## Part A - Information about you

- 1) What is your name? 
- 2) What is your date of birth?  
- 3) Are you a man or a woman?  man   woman 

## Part B - Your stay in hospital

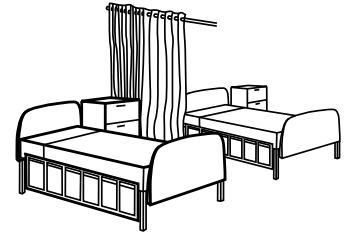
1) What hospital did you stay in?



2) How many nights were you in hospital for?



3) What ward were you on?



4) Did people show you where things were in hospital?

Toilets

- yes ✓  
 no X



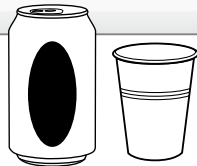
Phone

- yes ✓  
 no X



Drinks

- yes ✓  
 no X



Games and puzzles

- yes ✓  
 no X



Shop

- yes ✓  
 no X



Newspapers / magazines

- yes ✓  
 no X



Tell us more here:

## 5) How did people communicate with you?

Did they talk to you as well as your family or staff?

yes ✓

no X



Did they speak to you slowly and clearly?

yes ✓

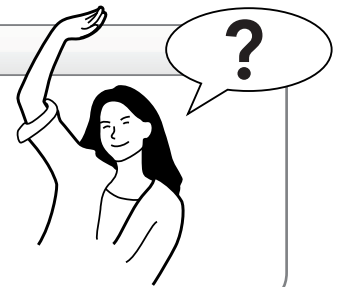
no X



Did they give you time to ask questions?

yes ✓

no X



Did they use pictures to help explain things to you?

yes ✓

no X



If you use signing did they use signs to communicate?

yes ✓

no X

I don't use signing



Tell us more here:

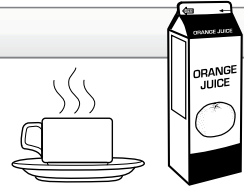
6) Did you have choices about things in hospital?

Choose



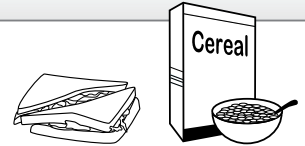
Drinks

- yes ✓
- no X



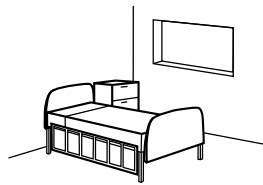
Food

- yes ✓
- no X



Having your own room

- yes ✓
- no X



Your treatment

- yes ✓
- no X



Did you have enough time to make your choices?

- yes ✓
- no X



Did you have enough help to make your choices?

- yes ✓
- no X



What did people do to help you make choices?

What more could people have done to help you make choices?

7) Did you get the help you needed with:

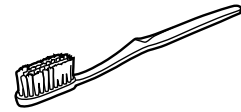
Going to the toilet

- yes ✓  
 no X



Cleaning your teeth

- yes ✓  
 no X



Eating and drinking

- yes ✓  
 no X



Having a wash

- yes ✓  
 no X



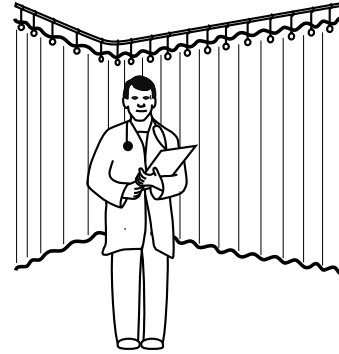
Having visitors

- yes ✓  no X



Looking after your privacy

- yes ✓  no X



Tell us more here:

8) Were the doctors and nurses friendly?

- yes ✓  
 no X

Tell us more here:

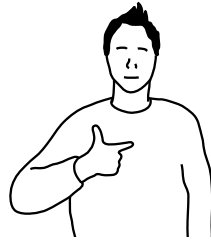


9) Did you feel that the doctors and nurses listened to you?

yes ✓

no X

Tell us more here:



10) How good was the care given to you in hospital?

very good 😊

good 😊

ok 😐

bad 😞

very bad 😞

Tell us more here:

11) How did you mostly feel when you were in hospital?

happy and relaxed



worried and stressed



unhappy and sad



Tell us more here:

12) When it was time to go home did you get help with:

Understanding when you were going home

yes ✓

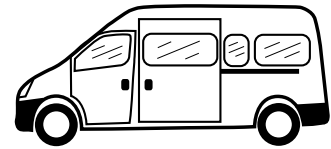
no X



Having transport to get home

yes ✓

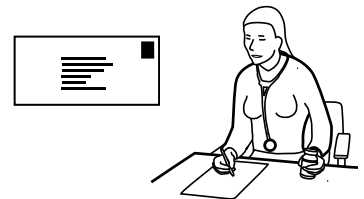
no X



Being given a letter to take to your doctor

yes ✓

no X



Understanding how to stay well

yes ✓

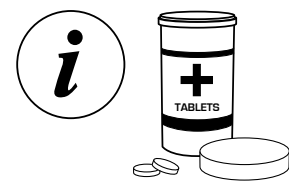
no X



Information about any new medicines

yes ✓

no X



Tell us more here:

13) Would you say your stay in hospital this time was :

- very good 😊
- good 😊
- ok 😐
- bad 😞
- very bad 😞

Tell us more here:

14) If you have stayed in hospital before was it:

- better this time 👍 😊
- worse this time 👎 😞

Tell us more here:

**Thank you for filling in this questionnaire**

Please now send back to NHS Surrey at the following address:  
You do not need a stamp

Freepost RRLU-LXBH-YGES  
Jo-anne Alner  
Surrey Primary Care Trust  
Guildford Rd  
Leatherhead  
KT22 9AE

