

NATIONAL PATIENT SURVEY, 2004

This survey is about your experience of the services provided by the National Health Service.

What condition were you treated for when visiting the NHS Hospital Trust on the date shown, on the label below. (Please write in the box).

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We would like you to complete this questionnaire about the condition you have written in the box.

If you have any queries about the questionnaire, please call the Picker FREEPHONE helpline number 0800 587 8348

Your answers will be treated **in confidence**. For each question please tick clearly inside one box using a blue or black pen.

Please answer the following question:

When was the **first** time you received **hospital treatment** for the condition you have written in the box above.

Please write in the month and year. If you are not sure, please give your best guess.

Month Year

IF THIS DATE IS WITHIN THE LAST FIVE YEARS, PLEASE GO TO QUESTION A1.

IF IT IS MORE THAN FIVE YEARS AGO, OR YOU HAVE ONLY EVER RECEIVED TREATMENT FOR THIS CONDITION AS AN OUTPATIENT, PLEASE GO TO PART C, PAGE 10, AND WORK THROUGH THE QUESTIONNAIRE FROM THERE, LEAVING PARTS A AND B BLANK.

Please return this questionnaire to:
Picker Institute Europe, FREEPOST NATW1240, Airfield Industrial Estate, Warboys, HUNTINGDON, PE28 2BR

PART A: YOUR FIRST HOSPITAL TREATMENT

This section is about the first time you had hospital treatment for the condition you specified on the front page. This may have been at the hospital specified on the label or any other hospital.

A1. Thinking about the **first** hospital visit involving **treatment** for that condition, how many nights were you in hospital during that visit?

- 1 None (I was a day patient)
- 2 1 night
- 3 2-3 nights
- 4 4-7 nights
- 5 8-14 nights
- 6 15 nights or more
- 7 Can't remember

A2. Was the date of this **first** hospital visit ever cancelled or postponed **by the hospital**?

- 1 Yes, the appointment was cancelled or postponed **once**
- 2 Yes, the appointment was cancelled or postponed **more than once**
- 3 No, the appointment was **not** cancelled or postponed by the hospital
- 4 Can't remember

A3. Before or during this visit, were you given the name of a particular hospital **doctor or surgeon** who would be in overall charge of your care?

- 1 Yes
- 2 No
- 3 Can't remember

A4. Before or during this visit, were you given the name of a particular hospital **nurse** who would be in overall charge of your care?

- 1 Yes
- 2 No
- 3 Can't remember

A5. During this visit, in your opinion, were there enough **doctors** on duty to care for you in hospital?

- 1 There were **always** or **nearly always** enough on duty
- 2 There were **sometimes** enough on duty
- 3 There were **rarely** or **never** enough on duty

A6. During this visit, in your opinion, were there enough **nurses** on duty to care for you in hospital?

- 1 There were **always** or **nearly always** enough on duty
- 2 There were **sometimes** enough on duty
- 3 There were **rarely** or **never** enough on duty

A7. During this visit, did you have confidence and trust in the **hospital doctors** who treated you?

- 1 In all of them
- 2 In some of them
- 3 In none of them

A8. During this visit, did you have confidence and trust in the **hospital nurses** who treated you?

- 1 In all of them
- 2 In some of them
- 3 In none of them

A9. If you did not have confidence in all the hospital doctors and nurses, why did you not have confidence in them? (PLEASE WRITE IN THE BOX BELOW)

A10. During this visit, were you treated with respect and dignity by the **doctors and nurses and other hospital staff**?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 Never

A11. During this visit, did the **hospital doctors** explain your condition, treatment or tests in a way that you found easy or difficult to understand?

- 1 Very easy
- 2 Fairly easy
- 3 Fairly difficult
- 4 Very difficult
- 5 They did not explain my condition, treatment or tests to me

A12. During this visit, when you had questions to ask the **hospital doctors**, how often did you get answers you could understand?

- 1 All or most of the time
- 2 Some of the time
- 3 Rarely or never
- 4 I did not ask any questions

A13. During this visit, when you had questions to ask the **hospital nurses**, how often did you get answers you could understand?

- 1 All or most of the time
- 2 Some of the time
- 3 Rarely or never
- 4 I did not ask any questions

A14. During this visit, did you ever think that the **hospital doctors or nurses** were deliberately not telling you certain things that you wanted to know?

- 1 Often
- 2 Sometimes
- 3 Only once
- 4 Never

A15. During this visit, did the **doctors or nurses or other hospital staff** ever talk about your case in front of you as if you were not there?

- 1 Often
- 2 Sometimes
- 3 Only once
- 4 Never

A16. During this visit, did it ever happen that one **doctor or nurse** said one thing about your condition or treatment, and another said something different?

- 1 Often
- 2 Sometimes
- 3 Only once
- 4 Never

A17. During this visit, were you involved in the decisions about your treatment and care as much as you wanted, or would you have liked to be more involved?

- 1 Involved as much as I wanted
- 2 Involved but would have liked to have been more involved
- 3 Not involved at all
- 4 Can't remember

A18. During this visit, if you were involved in decisions about your treatment and care do you feel that your views were taken into account by the staff treating you?

- 1 Yes, always
- 2 Yes, most of the time
- 3 Yes, some of the time
- 4 No, never
- 5 Not applicable

A19. During this visit, did doctors or nurses involve your family or friends in decisions about your treatment?

- 1 Yes, they were involved but given **too little** information
- 2 Yes, they were involved and given the **right amount** of information
- 3 Yes, they were involved, but were given **too much** information
- 4 No, they were not involved, though I would have liked them to be
- 5 No, I did not want my family or friends to be involved
- 6 I had no family or friends available to be involved

A20. During this visit, when discussing your condition or treatment with **doctors or nurses** did you have enough privacy during your discussions?

- 1 Every time
- 2 Some of the time
- 3 Never
- 4 I did not have any discussions

A21. During this visit, did you have enough privacy while the **doctors** were examining you?

- 1 Every time
- 2 Some of the time
- 3 Never
- 4 I was not examined

A22. During this visit, which of these tests or treatments did you have?

Tick ALL that apply

- 1 Ultrasound
- 2 Biopsy
- 3 Scan
- 4 Endoscopy (miniature camera on tube inserted into body)
- 5 Operation or surgery involving general anaesthetic
- 6 Chemotherapy
- 7 Radiotherapy
- 8 Other type(s) of test or treatment
(PLEASE WRITE IN BOX BELOW)

A23. During this visit, did the hospital doctors or nurses discuss **the purpose** of your operation or other treatment with you?

- 1 Yes, and I **completely** understood what was said
- 2 Yes, and I understood **some** of what was said
- 3 Yes, but I **did not understand** what was said
- 4 No, the purpose was **not discussed** at all
- 5 I did not want to discuss it
- 6 I did not have an operation or treatment
- 7 Can't remember

A24. During this visit, did the hospital doctors or nurses tell you about **possible side effects** of your operation or other treatment?

- 1 Yes, and I **completely** understood what was said
- 2 Yes, and I understood **some** of what was said
- 3 Yes, but I **did not understand** what was said
- 4 No, side effects were **not discussed** at all
- 5 I did not need an explanation
- 6 Can't remember

A25. After your operation or other treatment, did the hospital doctors or nurses discuss with you **how well it had gone?**

- 1 Yes, and I **completely** understood what was said
- 2 Yes, and I understood **some** of what was said
- 3 Yes, but I **did not understand** what was said
- 4 No, it was **not discussed** at all
- 5 I did not want to discuss it
- 6 Can't remember

A26. At that time, did you want to be given **more** information or **less** information about the outcome of your treatment, or was the amount of information about right?

- 1 I would have preferred **more** information
- 2 I would have preferred **less** information
- 3 The amount of information was **about right**
- 4 Can't remember

A27. During this visit, were you ever in any pain or discomfort?

- 1 All or most of the time → **Go to A28**
- 2 Some of the time → **Go to A28**
- 3 No → **Go to A31**

A28. Were hospital staff aware that you were in pain or discomfort?

- 1 Yes, they asked me and I told them
- 2 Yes, though they didn't ask me, I told them
- 3 No, they asked me but I didn't tell them
- 4 No, they didn't ask me and I didn't tell them
- 5 Can't remember

A29. When you had this pain or discomfort, was it **usually** severe, moderate or mild?

- 1 Severe
- 2 Moderate
- 3 Mild
- 4 Can't say

A30. During this visit, do you think that the hospital staff did everything they could to help with this pain or discomfort?

- 1 All of the time
- 2 Some of the time
- 3 Not at all

A31. During this visit, did you ever feel so anxious or depressed that you felt that you needed help to cope?

- 1 Yes, anxious → Go to A32
- 2 Yes, depressed → Go to A32
- 3 Yes, anxious and depressed → Go to A32
- 4 No → Go to A34

A32. Were hospital staff aware that you were experiencing this anxiety or depression?

- 1 Yes, they asked me and I told them
- 2 Yes, though they didn't ask me, I told them
- 3 No, they asked me but I didn't tell them
- 4 No, they didn't ask me and I didn't tell them
- 5 Can't remember

A33. During this visit, do you think that the hospital staff did everything they could to help with this anxiety or depression?

- 1 Yes
- 2 No

A34. During this visit, did all staff involved in your treatment and care provide you with adequate emotional support?

- 1 Yes, I was provided with adequate emotional support
- 2 No, I was not provided with adequate emotional support

A35. During this visit, did you feel that your religious beliefs were adequately taken into consideration by the hospital staff treating you?

- 1 Yes
- 2 No
- 3 I do not have strong religious beliefs

A36. During this visit, did you have access to a hospital chaplain or other religious counsellor if you needed one?

- 1 Yes
- 2 No
- 3 Don't know

A37. During this visit, were you told what to do if you wanted to complain about the care you received?

- 1 Yes
- 2 No
- 3 Can't remember

A38. If you complained, was your complaint satisfactorily addressed?

- 1 Yes
- 2 No
- 3 I did not complain

A39. If you complained, what did you complain about? (PLEASE WRITE IN THE BOX BELOW)

PART B: LEAVING HOSPITAL

This section is also about the first time you had hospital treatment for the condition you specified on the front page. This may have been at the hospital specified on the label or any other hospital.

B1. Before you left hospital on that occasion, did the hospital doctors or nurses spend enough time telling you what would happen after you left hospital?

- 1 Yes, they spent enough time
- 2 No, they spent some time, but not enough
- 3 No, they spent no time at all

B2. Before you left hospital, were you given any **written** or **printed** information about what you should or should not do after leaving hospital?

- 1 Yes → Go to B3
- 2 No → Go to B6
- 3 Can't remember → Go to B6

B3. Were you able to fully understand the **written** or **printed** information?

- 1 Yes
- 2 No
- 3 Can't remember

B4. Did the **written** or **printed** information adequately cover all the issues you needed it to cover?

- 1 Yes
- 2 No
- 3 Can't remember

B5. If it did not adequately cover all the areas you needed, what information was missing or could have been covered better? (PLEASE WRITE IN BOX BELOW)

B6. Did the hospital staff take your family or home situation into account before planning to send you home from hospital?

- 1 Yes, fully
- 2 Yes, partly
- 3 No, not at all
- 4 Don't know

B7. Before you left hospital, did a member of hospital staff discuss with you what additional help from the NHS or elsewhere you might need in order for you to be able to resume your usual activities e.g. household chores or returning to work?

- 1 Yes, and I was provided with this help
- 2 Yes, but I was not actually provided with the help I needed
- 3 No, and this would have been helpful
- 4 Can't remember
- 5 Not applicable

B8. Before you left hospital, were you offered any information about any financial or other benefits, from the NHS or elsewhere, to which you might be entitled?

- 1 Yes → Go to B10
- 2 No → Go to B9
- 3 Can't remember → Go to B9

B9. Would you have liked to have been offered such information?

- 1 Yes
2 No

B10. Before you left hospital, were you told about a support or self-help group for people with your condition?

- 1 Yes
2 No
3 Can't remember

B11. Did the hospital staff discuss whether you would need any nursing or other health services after you left hospital? (For example, a district or community nurse, health visitor, physiotherapist, and so on).

- 1 Yes
2 No

B12. Did the hospital staff tell you whom to contact if you were worried about your condition or treatment after you left hospital?

Tick ALL that apply

- 1 Yes, I was told to contact my GP
2 Yes, I was told to contact the hospital
3 Yes, I was told to contact a community or district nurse
4 Yes, I was told to dial 999
5 Yes, I was told to contact somebody else
6 No, I was not told whom to contact
7 Can't remember

B13. After you left hospital, which of the following people were involved in looking after you?

Tick ALL that apply

- 1 GP
2 Community Nurse/district nurse/specialist nurse
3 A private nurse
4 None
5 Other (PLEASE WRITE IN BOX BELOW)

B14. As far as you know, was your GP given enough information about your treatment or condition by the hospital?

- 1 Yes
2 No
3 Don't know

B15. After you left hospital, how well did the care provided **by the NHS** meet your needs?

- 1 Very well
2 Fairly well
3 Not very well
4 Not at all well
5 I did not need any care from the NHS after I left hospital

B16. After you left hospital, was medical advice, support and treatment available 24 hours a day if you needed it?

- 1 Yes
2 No
3 Don't know

B17. After you left hospital, were you ever in any pain or discomfort as a result of your condition?

- 1 Yes → Go to B18
2 No → Go to B20

B18. After you left hospital, when you had this pain or discomfort, was it **usually** severe, moderate or mild?

- 1 Severe
2 Moderate
3 Mild
4 Can't say

B19. After you left hospital, did you feel that you were given enough medication or other help with this pain or discomfort by the medical staff looking after you?

- 1 Yes
2 No

B20. After you left hospital, did you ever experience overwhelming tiredness as a result of your condition?

- 1 Yes → Go to B21
2 No → Go to B22

B21. Did you feel that the GP or nurse looking after you gave you enough help with this overwhelming tiredness?

- 1 Yes
2 No

B22. After you left hospital, did you ever feel so anxious or depressed as a result of your condition that you felt that you needed help to cope?

- 1 Yes → Go to B23
2 No → Go to B24

B23. Did you feel that the GP or nurse looking after you gave you enough help with this anxiety or depression?

- 1 Yes
2 No

B24. After leaving hospital, did you receive adequate treatment for any other symptoms of your condition not already covered in this section?

- 1 Yes → Go to B26
2 No → Go to B25
3 No extra treatment necessary → Go to B26

B25. What symptoms did you not receive adequate treatment for? (PLEASE WRITE IN THE BOX BELOW)

B26. After leaving hospital, were you involved in any decisions about your continuing care as much as you wanted, or would you have liked to be more involved?

- 1 Involved as much as I wanted
2 Would have liked to be more involved

PART C: FINDING OUT WHAT WAS WRONG WITH YOU

EVERYONE PLEASE ANSWER THESE QUESTIONS

This section is about the diagnosis of the **CONDITION** you specified on the front page.

VISITING A GP

C1. Had you visited a General Practitioner (GP) about this condition at any point **before** you attended hospital?

- 1 Yes → Go to C2
2 No → Go to C6

C2. After your GP **FIRST** referred you to see a hospital doctor about your condition, how long did you have to wait before you had your **first** appointment with a **hospital doctor**?

- 1 Was seen by hospital doctor/consultant the same day or next day
2 More than 2 days, but within 1 week
3 More than 1 week, but within 2 weeks
4 More than 2 weeks, but within 1 month
5 More than 1 month, but within 3 months
6 More than 3 months, but within 6 months
7 More than 6 months, but within 1 year
8 More than 1 year
9 Can't remember

C3. Did your condition get worse, get better or stay about the same during the time you were waiting for your **first** appointment with a hospital doctor?

- 1 My condition got worse
2 My condition got better
3 My condition stayed about the same

C4. Overall how would you rate the quality of care provided by your GP during this stage of finding out what was wrong with you?

- 1 Very good → Go to C6
2 Good → Go to C6
3 Fair → Go to C6
4 Poor → Go to C5
5 Very poor → Go to C5

C5. If you rated the quality of care as poor or very poor, what are your reasons for this rating? (PLEASE WRITE IN THE BOX BELOW)

HOSPITAL APPOINTMENT

C6. During your first **hospital** appointment, did the hospital doctors or nurses explain the purpose of any tests to you?

- 1 Yes, and I **completely** understood what was said
2 Yes, and I understood **some** of what was said
3 Yes, but I **did not understand** what was said
4 No, the tests were **not explained**
5 I was **not given** any tests
6 Can't remember

C7. Were you **first told** what was wrong with you in person, over the telephone, or in a letter?

- 1 In person
2 Over the telephone
3 In a letter

C8. At the time you were first told, **who told you** what was wrong with you?

Tick ALL that apply

- 1 Hospital doctor
- 2 Hospital nurse
- 3 GP
- 4 District nurse/community nurse/practice nurse
- 5 Counsellor
- 6 Husband/wife/partner/other member of my family
- 7 Someone else

C9. Who else was present when you were told what was wrong with you, not including the person who told you?

Tick ALL that apply

- 1 Nobody else was present
- 2 Hospital doctor
- 3 Hospital nurse
- 4 GP
- 5 District nurse/community nurse/practice nurse
- 6 Counsellor
- 7 Husband/wife/partner/other member of my family
- 8 Someone else

C10. At the time, did you want somebody else to be present when you were told what was wrong with you?

Tick ALL that apply

- 1 Yes, I wanted to have a family member or friend present
- 2 Yes, I wanted to have a nurse present
- 3 Yes, I wanted to have a doctor present
- 4 No, I didn't want anybody else to be present

C11. Did you understand the explanation of what was wrong with you?

- 1 Yes I **completely** understood what was said
- 2 Yes, I understood **some** of what was said
- 3 No, I **did not understand** what was said
- 4 Can't remember

C12. Did you find that the person who told you what was wrong with you was easy to talk to?

- 1 Yes
- 2 No
- 3 Can't remember

C13. Did you find that the person who told you what was wrong with you did so with sufficient sensitivity and care?

- 1 Yes
- 2 No
- 3 Can't remember

C14. If you asked any questions, were they answered in a way that you could understand?

- 1 I did not want to ask any questions
- 2 I did not get a chance to ask any questions
- 3 My questions were answered in a way that I could understand
- 4 My questions were answered, but **not** in a way that I could understand
- 5 My questions were not answered
- 6 Can't remember

C15. How much time was spent telling you what was wrong with you?

- 1 Less than 10 minutes
- 2 10 minutes or more, but less than 30 minutes
- 3 30 minutes or more, but less than one hour
- 4 One hour or more
- 5 Can't remember

C16. Do you feel that the time spent telling you what was wrong with you was too long, too short, or about right?

- 1 Too long
- 2 Too short
- 3 About right
- 4 Can't remember

C17. When you were told what was wrong with you, did anyone explain the different types of treatment you could have for your condition?

- 1 Yes, and I **completely** understood what was said
- 2 Yes, and I understood **some** of what was said
- 3 Yes, but I **did not understand** what was said
- 4 No, different types of treatment were **not explained**
- 5 I was told there were **no options** available
- 6 Can't remember

C18. Were you given a record of your discussion?

- 1 Yes, I was given a taped record
- 2 Yes, I was given a written or printed record
- 3 No
- 4 Can't remember

C19. When you were told what was wrong with you, were you given any **written** or **printed** information about your treatment or condition?

- 1 Yes → **Go to C20**
- 2 No → **Go to C23**
- 3 Can't remember → **Go to C23**

C20. Was the written or printed information you were given easily understandable?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 Can't remember

C21. Did the written or printed information you were given cover all the areas you needed it to cover?

- 1 Yes
- 2 No
- 3 Can't remember

C22. If no, what information was missing from the written or printed information? (PLEASE WRITE IN BOX BELOW)

C23. Were you given any information about complementary therapies such as massage, aromatherapy etc?

- 1 Yes
- 2 No
- 3 Can't remember

C24. Have you tried any complementary therapies for your condition?

- 1 Yes → **Go to C25**
- 2 No → **Go to Part D**

C25. How useful did you find them in helping you with your condition?

- 1 Very useful
- 2 Quite useful
- 3 Not very useful
- 4 Not at all useful

PART D: OUT-PATIENT APPOINTMENTS

This section is about the most recent OUTPATIENT appointment regarding the CONDITION you specified on the front page. If you have not had an outpatient appointment for this condition, please leave this section blank and go to Part E.

D1. Have you had an **out-patient** appointment for this condition, at **any** hospital, **in the last 2 years?**

- 1 Yes → Go to D2
- 2 No → Go to E1

D2. Was this **most recent** out-patient appointment ever cancelled or postponed **by the hospital?**

- 1 Yes, the appointment was cancelled or postponed **once**
- 2 Yes, the appointment was cancelled or postponed **more than once**
- 3 No, the appointment was **not** cancelled or postponed by the hospital
- 4 Can't remember

D3. How long did you wait, after your appointment time, before seeing a **doctor** at the out-patient clinic on this occasion?

- 1 Less than 10 minutes
- 2 10 minutes or more, but less than 20 minutes
- 3 20 minutes or more, but less than 30 minutes
- 4 30 minutes or more, but less than 1 hour
- 5 1 hour or more
- 6 Can't remember
- 7 Did not see a doctor → Go to D8

D4. How much time did the doctor spend with you during this most recent out-patient appointment?

- 1 Less than 10 minutes
- 2 10 minutes or more, but less than 20 minutes
- 3 20 minutes or more, but less than 30 minutes
- 4 30 minutes or more, but less than one hour
- 5 1 hour or more
- 6 Can't remember

D5. Do you feel that the time the doctor spent with you on this occasion was too long, too short or about right?

- 1 Too long
- 2 Too short
- 3 About right
- 4 Can't remember

D6. Did you have **confidence and trust** in the hospital doctor who saw you as an out-patient on this occasion?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 Not very much
- 4 None at all
- 5 Can't say

D7. Did you have enough privacy while the doctor was examining you as an out-patient on this occasion?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I was not examined

D8. Did you have enough privacy when discussing your condition or treatment with the doctors or nurses as an outpatient on this occasion?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 There were no discussions

D9. During this most recent out-patient appointment, did the doctor or nurse involve your family or friends in discussing your care or treatment?

- 1 Yes, they were involved, but given **too little** information
- 2 Yes, they were involved, and given the **right amount** of information
- 3 Yes, they were involved, but given **too much** information
- 4 No, they were not involved, though I would have liked them to be
- 5 No, I did not want my family or friends to be involved
- 6 I had no family or friends available to be involved

D10. Were you treated with respect and dignity by the doctors or nurses as an out-patient on this occasion?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

D11. Since the very first hospital visit you had for this condition, have your appointments as an out-patient been too frequent, not frequent enough or about right?

- 1 Too frequent
- 2 Not frequent enough
- 3 About right
- 4 Can't say

PART E: OVERALL IMPRESSIONS OF THE TREATMENT OF YOUR CONDITION

This section is about all your treatment and help you have been given for the condition you specified on the front page.

E1. Did you feel that the different people treating and caring for you (e.g. GP, hospital doctor, hospital nurses, community nurses) were working closely **together** to provide you with the best possible care?

- 1 Yes, always
- 2 Yes, most of the time
- 3 Yes, some of the time
- 4 No, never
- 5 Don't know

E2. Overall, how would you **rate the quality** of the information provided to you about your condition and treatment?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 I was not given any information about my condition or treatment

E3. Overall, how would you **rate the quantity** of the information provided to you about your condition and treatment?

- 1 Too much
- 2 About right
- 3 Not enough
- 4 I was not given any information about my condition or treatment

E4. Did you feel that you were given enough emotional support during your treatment?

- 1 Yes, always
- 2 Yes, most of the time
- 3 Yes, some of the time
- 4 No, never
- 5 Don't know
- 6 I did not need support

E5. Did you feel that you were generally provided with enough support for your religious beliefs during your treatment?

- 1 Yes, always
- 2 Yes, most of the time
- 3 Yes, some of the time
- 4 No, never
- 5 Don't know
- 6 I did not need support

E6. Over the course of your treatment for this condition, roughly how many hospital visits have you made?

- 1 Less than 5
- 2 5 – 9
- 3 10 or more

PART F: ABOUT YOU

THE FOLLOWING QUESTIONS WILL HELP US TO ANALYSE YOUR ANSWERS

F1. Are you male or female?

- 1 Male
- 2 Female

F2. To which of the following ethnic groups would you say you belong?

- 1 White
- 2 Black – Caribbean
- 3 Black – African
- 4 Black – Other Black Groups
- 5 Indian
- 6 Pakistani
- 7 Bangladeshi
- 8 Chinese
- 9 Other (please write in box below)

F3. What language do you speak most often at home?

- 1 English
- 2 Other European language
- 3 Asian language
- 4 Other (PLEASE WRITE IN BOX BELOW)

F4. What was your year of birth?

(Please write in) e.g.

1	9	3	4
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F5. Did you complete this form by yourself, or did someone help you with any of it?

- 1 I completed it by myself
- 2 Someone read the questions to me
- 3 Someone wrote down the answers I gave
- 4 Someone answered the questions for me
- 5 Someone translated the questions into my own language
- 6 Someone helped in some other way (Please write in box below)

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F6. If at some future date we wanted to ask you more questions about your health or health care, may we contact you again?

- 1 Yes
- 2 No

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please check that you have answered all the questions which apply to you.

Please post the questionnaire in the envelope provided. No stamp is needed.

OTHER COMMENTS

If there is anything else you would like to tell us about your experience of NHS healthcare for your condition, please do so here.

Was there anything particularly good about your NHS healthcare?

Was there anything that could have been improved?

Any other comments?