



<Barcode>  
<Title> <First Name> <Last Name>  
<Address Line 1>  
<SUBURB> <STATE> <POSTCODE>

Date

Dear <Title> <Last Name>,

## We want to know about your care

I am writing to ask you to take part in the NSW Patient Survey Program by telling us about your recent visit to [HOSPITAL NAME] during [MONTH].


The Bureau of Health Information, established by the NSW government to independently report on the performance of the NSW health system, asks thousands of people each year to tell us about the care they received in hospital. Hearing about your recent hospital experience helps us to understand the quality of care you received and it allows hospitals to see where they need to improve.

## How do you take part?

There are two ways to complete the questionnaire:

 **Online:** Visit [survey.ipsos.com.au/patientsurvey](http://survey.ipsos.com.au/patientsurvey) and enter your username [INS\_UNAME] and password [INS\_PWORD] when prompted

OR

 **Pen and paper:** Simply fill in the questionnaire. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the Reply Paid envelope.

## Your information will be treated as confidential

You have been randomly selected to participate and there are many safeguards in place to protect your identity. The hospital staff who cared for you will not know if you have returned a completed questionnaire and will not be able to see your responses.

If you have any questions or need help filling in the questionnaire, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm). For information about the NSW Patient Survey Program and to see how your local hospital is performing, visit the Bureau of Health Information's website at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely

**Dr Jean-Frédéric Lévesque**

Chief Executive  
Bureau of Health Information

## How to complete the survey

This survey is about your recent experience as an admitted patient in the hospital named on the previous page. If you have been an admitted patient more than once during the month specified on the previous page, please answer about your most recent experience.

For each question, please use a blue or black pen to mark the box  next to the answer you choose, as shown below.

### **Example only**

**How clean were the wards or rooms you stayed in while in this hospital?**

- Very clean  
 Fairly clean  
 Not very clean  
 Not at all clean

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

If you prefer a language other than English, please refer to the separate language sheet for information on the Healthcare Interpreter Service.

Please do not write your name or address on the survey.

### **When you have finished**

- ➔ Remove the covering letter by tearing along the perforated line.
- ➔ Place the completed survey in the "Reply Paid" envelope and post it. You do not have to use a stamp.
- ➔ If you have misplaced the "Reply Paid" envelope, please mail to our survey processing centre at the following address (no stamp is required):

**NSW Patient Survey  
Ipsos Social Research Institute  
Reply Paid 84599  
Hawthorn VIC 3122**

## Some questions and answers

### **Why are you carrying out the survey?**

The NSW Patient Survey gathers information about your experience of health services. By completing the survey, you are helping to improve health services in NSW.

### **How do I make a formal complaint about my experience in hospital?**

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

[www.health.nsw.gov.au/patientconcerns](http://www.health.nsw.gov.au/patientconcerns)

### **What happens to my survey responses?**

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

### **How is my privacy protected?**

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

[www.bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](http://www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy)

### **How do I get more information about the survey?**

Please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).



**Q1** Was your stay in the hospital named on the cover of this booklet planned in advance or an emergency?

- Emergency or urgent ..... Go to Q6
- Planned in advance
- Something else



## BEFORE ARRIVING AT THIS HOSPITAL

**Q2** Were you transferred to this hospital from another hospital?

- Yes ..... Go to Q6
- No



Thinking back to before your hospital stay...

**Q3** From the time a doctor said you would need to go to hospital, how long did you have to wait to be admitted?

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- More than 1 year
- Don't know/can't remember

**Q4** Do you think the amount of time you waited was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

**Q5** Before your arrival, how much information about your hospital stay was provided to you by the hospital?

- Not enough
- The right amount
- Too much
- Don't know/can't remember

## ARRIVING AT THIS HOSPITAL

For the following questions, please think about the hospital named on the cover of this booklet.

**Q6** Were the staff you met on your arrival to this hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

**Q7** Do you think the time you had to wait from arrival at this hospital until you were taken to your room or ward was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

## THE HOSPITAL AND WARD

**Q8** How clean were the wards or rooms you stayed in while in this hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

**Q9** How clean were the toilets and bathrooms that you used while in this hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

**Q10** Did you see nurses wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

**Q11** Did you see doctors wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- I was not treated by a doctor
- Can't remember

**Q12** Were you given enough privacy when being examined or treated?

- Yes, always
- Yes, sometimes
- No

**Q13** Were you given enough privacy when discussing your condition or treatment?

- Yes, always
- Yes, sometimes
- No

## FOOD

**Q14** Did you have any hospital food during this stay?

- Yes
- No .....Go to Q18

**Q15** How would you rate the hospital food?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q16** Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?

- Yes
- No .....Go to Q18

**Q17** Was the hospital food suitable for your dietary needs?

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

## DOCTORS

**Q18** Were you treated by a doctor during your stay in this hospital?

- Yes
- No .....Go to Q22
- Don't know/can't remember .....Go to Q22

**Q19** If you needed to talk to a doctor, did you get the opportunity to do so?

- Yes, always
- Yes, sometimes
- No, I did not get the opportunity
- I had no need to talk to a doctor

**Q20** When you had important questions to ask a doctor, did they answer in a way you could understand?

- Yes, always
- Yes, sometimes
- No, I did not get answers I could understand
- I did not ask any questions

**Q21** In your opinion, did the doctors who treated you know enough about your medical history?

- Yes, always
- Yes, sometimes
- No

## NURSES

**Q22** If you needed to talk to a nurse, did you get the opportunity to do so?

- Yes, always
- Yes, sometimes
- No, I did not get the opportunity
- I had no need to talk to a nurse

**Q23** When you had important questions to ask a nurse, did they answer in a way you could understand?

- Yes, always
- Yes, sometimes
- No, I did not get answers I could understand
- I did not ask any questions

**Q24** In your opinion, did the nurses who treated you know enough about your care and treatment?

- Yes, always
- Yes, sometimes
- No

**Q25** Did nurses ask your name or check your identification band before giving you any medications, treatments or tests?

- Yes, always
- Yes, sometimes
- No, they did not ask my name or check my identification band
- Not applicable to my situation
- Don't know/can't remember

## YOUR TREATMENT AND CARE

For the following questions, please think about all the health professionals who treated or examined you in the hospital named on the cover of this booklet, including doctors, nurses and others.

**Q26** During your stay in this hospital, how much information about your condition or treatment was given to you?

- Not enough
- The right amount
- Too much
- Not applicable to my situation

**Q27** Did you have worries or fears about your condition or treatment while in this hospital?

- Yes
- No ..... **Go to Q29**

**Q28** Did a health professional discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

**Q29** Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I was not well enough
- I did not want or need to be involved

**Q30** If your family or someone else close to you wanted to talk to a health professional, did they get the opportunity to do so?

- Yes, definitely
- Yes, to some extent
- No, they did not get the opportunity
- Not applicable to my situation
- Don't know/can't say

**Q31** How would you rate how well the health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q32** Did you ever receive conflicting information about your condition or treatment from health professionals?

- Yes
- No

**Q33** Was a call button placed within easy reach?

- Yes, always
- Yes, sometimes
- No
- Not applicable to my situation
- Don't know/can't remember

**Q34** Did you feel you were treated with respect and dignity while you were in this hospital?

- Yes, always
- Yes, sometimes
- No

**Q35** Were you ever treated unfairly for any of the reasons below?

Please  all the boxes that apply to you

- Your age
- Your sex
- Your ethnic background
- Your religion
- Your sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

**Q36** Did you have confidence and trust in the health professionals treating you?

- Yes, always
- Yes, sometimes
- No

**Q37** Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q38** Overall, how would you rate the health professionals who treated you?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q39** While in this hospital, did you receive or see any information about how to comment or complain about your care?

- Yes
- No
- Don't know/can't remember

**Q40** During your stay in this hospital, did staff assist you when you needed help for any of the following? Please  one box for each line

	Yes, always	Yes, sometimes	No	I did not need assistance with this
Eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting your position in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing up or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a wheelchair or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone or television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PAIN

**Q41** Were you ever in any pain while in this hospital?

- Yes  
 No ..... **Go to Q43**

**Q42** Do you think the hospital staff did everything they could to help manage your pain?

- Yes, definitely  
 Yes, to some extent  
 No

## VISITS TO OTHER HEALTHCARE FACILITIES

This section asks about visits to other healthcare facilities (e.g. pathology clinics, radiology clinics, other hospitals) while you were staying at the hospital named on the cover of this booklet.

**Q43** During your stay at this hospital, were you sent to another healthcare facility for tests or treatment before returning to this hospital?

- Yes  
 No ..... **Go to Q49**

**Q44** Before leaving, did a health professional explain the reason for the visit in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No  
 Not applicable to my situation

**Q45** How long did you stay at the other healthcare facility before returning to this hospital?

- I returned on the same day  
 I returned the next day  
 I stayed for two or more nights  
 Don't know/can't remember

**Q46** What was the reason you were sent to the other healthcare facility?

Please  **all the boxes that apply to you**

- Tests  
 Review by other health professionals  
 Surgery or other procedure  
 Rehabilitation  
 To be nearer to my home and/or family  
 Other

**Q47** Did you experience any of the following issues when being taken to the other healthcare facility?

Please  **all the boxes that apply to you**

- The transport there was delayed  
 I missed out on scheduled meal times  
 The travel was uncomfortable or painful  
 I did not receive my medications when I should have  
 I waited a long time for treatment/tests  
 The staff were not expecting me  
 I did not experience these issues

**Q48** In your opinion, was your relevant medical information provided to the healthcare professionals at this other facility?

- Yes  
 No  
 Don't know/can't remember

## COMPLICATIONS

**Q49** Not including the reason you came to hospital, during your hospital stay, or soon afterwards, did you experience any of the following complications or problems? Please  all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of an operation or surgical procedure
- Complications as a result of tests, X-rays or scans
- A blood clot
- A pressure wound or bed sore
- A fall
- Any other complication or problem
- None of these ..... **Go to Q52**

**Q50** Was the impact of this complication or problem ...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

**Q51** In your opinion, were members of the hospital staff open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after I left

## LEAVING THIS HOSPITAL

Thinking now about when you left the hospital named on the cover of this booklet and did not return there...

**Q52** At the end of your stay in this hospital, where did you go?

- I went to another facility or hospital ..... **Go to Q67**
- I went home, or to stay with friends/family ..... **Go to Q53**

**Q53** Did you feel involved in decisions about your discharge from this hospital?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

**Q54** Thinking about when you left this hospital, were you given enough information about how to manage your care at home?

- Yes, completely
- Yes, to some extent
- No, I was not given enough
- I did not need this type of information

**Q55** Did hospital staff take your family and home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No, staff did not take my situation into account
- It was not necessary
- Don't know/can't remember

**Q56** Thinking about when you left this hospital, were adequate arrangements made by the hospital for any services you needed?

- Yes, completely
- Yes, to some extent
- No, arrangements were not adequate
- These services are not offered in the area
- It was not necessary

**Q57** Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes
- No
- Don't know/can't remember



**Q58** Were you given or prescribed any new medication to take at home?

- Yes  
 No ..... **Go to Q63**

**Q59** Did a health professional in this hospital explain the purpose of this medication in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No

**Q60** Did a health professional in this hospital tell you about medication side effects to watch for?

- Yes, completely  
 Yes, to some extent  
 No

**Q61** Did you feel involved in the decision to use this medication in your ongoing treatment?

- Yes, completely  
 Yes, to some extent  
 No, I did not feel involved  
 I did not want or need to be involved

**Q62** Did you experience any of the following problems regarding your medication?  
Please  **all the boxes that apply to you**

- The hospital did not have the medication  
 I was given an insufficient supply of my medication  
 The chemist was not open at a convenient time  
 It was difficult to get to the chemist  
 The medication had to be ordered in by the chemist  
 None of these

**Q63** On the day you left this hospital, was your discharge delayed?

- Yes  
 No ..... **Go to Q67**

**Q64** How long was the delay?

- Less than 1 hour  
 At least 1 hour but less than 2 hours  
 At least 2 hours but less than 4 hours  
 4 hours or longer  
 Don't know/can't remember

**Q65** Did a member of staff explain the reason for the delay?

- Yes  
 No

**Q66** What were the main reasons for the delay?  
Please  **all the boxes that apply to you**

- I had to wait for medicines  
 I had to wait to see a health professional  
 I had to wait for an ambulance or hospital transport  
 I had to wait for the discharge letter  
 I was not well enough  
 Some other reason  
 Don't know/can't remember

## EXPENSES

**Q67** How much money (that you will not get back) did you pay for expenses related to your hospital stay (e.g. hospital costs, transport, accommodation for you or those accompanying you)?

- Nothing  
 Less than \$100  
 \$100 to less than \$1000  
 \$1000 or more  
 Don't know/can't remember

## OVERALL

Please answer the following questions about your overall experience at the hospital named on the cover of this booklet.

**Q68** Overall, how would you rate the care you received while in this hospital?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

**Q69** How well organised was the care you received in this hospital?

- Very well organised
- Fairly well organised
- Not well organised

**Q70** If asked about your hospital experience by friends and family how would you respond?

- I would speak highly of this hospital
- I would neither speak highly nor be critical
- I would be critical of this hospital

**Q71** Did you want to make a complaint about something that happened in this hospital?

- No, I did not want to make a complaint.....Go to Q73
- Yes, and I did complain.....Go to Q73
- Yes, but I did not complain

**Q72** Why didn't you make a complaint? Please  all the boxes that apply to you

- I didn't know how to make a complaint
- I didn't know who to complain to
- I was worried it might affect my future care
- I didn't think it would be taken seriously
- I was too unwell to complain
- It wasn't a serious issue
- Some other reason

## YOUR HEALTH

**Q73** Did the care and treatment received in hospital help you?

- Yes, definitely
- Yes, to some extent
- No, not at all

**Q74** Is the problem you went to hospital for ...?

- Much better
- A little better
- About the same
- A little worse
- Much worse

**Q75** In the week before your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity, going to work, caring for children)?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

**Q76** About one month after your discharge from hospital, how difficult was it for you to carry out your normal daily activities?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

**Q77** In the month following your discharge, did you go to an emergency department because of complications related to the care you received?

- Yes
- No
- Don't know/can't remember

**Q78** In the month following your discharge, were you re-admitted to any hospital because of complications related to the care you received?

- Yes
- No
- Don't know/can't remember

## ABOUT YOU (THE PATIENT)

**Q79** What year were you born?

WRITE IN (YYYY)

**Q80** What is your gender?

- Male  
 Female

**Q81** What is the highest level of education you have completed?

- Less than Year 12 or equivalent  
 Completed Year 12 or equivalent  
 Trade or technical certificate or diploma  
 University degree  
 Post graduate/higher degree

**Q82** Which language do you mainly speak at home?

- English  
 A language other than English

Please write in the language:

**Q83** Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander  
 No

**Q84** In general, how would you rate your health?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

**Q85** Which, if any, of the following long-standing conditions do you have (including age related conditions)?

Please  all the boxes that apply to you

- Deafness or severe hearing impairment  
 Blindness or severe vision impairment  
 A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)  
 A long-standing physical condition  
 A learning disability  
 A mental health condition (e.g. depression)  
 A neurological condition (e.g. Alzheimer's, Parkinson's)  
 None of these

**Q86** Who completed this survey?

- The patient  
 The patient with help from someone else  
 Someone else on behalf of the patient

**Q87** The Bureau of Health Information would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. We will receive the linked information after your name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you?

- Yes  
 No

## YOUR FINAL COMMENTS

Q88

What was the best part of the care you received while in this hospital?

Sample 2016

Q89

What part of your care provided by this hospital most needs improving?

Sample 2016

Thank you for your time.

Please remove the covering letter by tearing along the perforated line.  
Return the survey in the reply paid envelope provided  
or send it in an envelope addressed to  
NSW Patient Survey, Ipsos Social Research Institute,  
Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)

*Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)) and from the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions. Questions are used with the permission of each organisation.*

Barcode