

Aotearoa New Zealand patient experience adult hospital survey

Questionnaire

PROGRAMMING INSTRUCTIONS

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses.

If nothing is shown for filter the default is all respondents and default question type is single choice.

No questions are compulsory.

Introduction

[SHOW HEADING]

Thank you for taking part in this important survey about your recent hospital visit. Your feedback will help us understand and improve patients' hospital experience.

This survey is about your most recent visit in the hospital. Please do not include any other hospital visits in your answer.

The survey should take just 10 to 15 minutes to complete, depending on your answers.

Unless you would like us to contact you, your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

How to complete this survey

[SHOW HEADING]

Inst1. Skipping questions

Sometimes, if a section of the survey is not relevant to you, you will automatically skip past some questions, based on the answers you have provided.

If you would prefer not to answer individual questions, cannot remember or if they are not applicable to you, leave them blank but please complete the rest of the survey.

Inst2 – Going back to change an answer

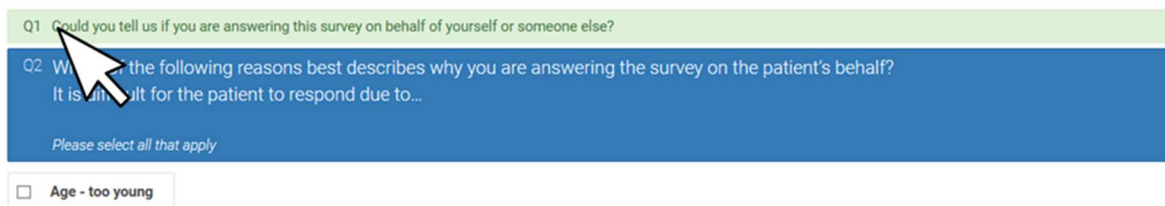
Your responses are submitted as you answer each question.

You can move backwards to change your answers, by clicking the previous button along of the top of the page like this:



Do not use your browser's forward and backwards buttons.

Within a section you can move backwards to change your answers or forwards to skip a question by clicking on previous or future questions like this:



Q1 Could you tell us if you are answering this survey on behalf of yourself or someone else?

Q2 Which of the following reasons best describes why you are answering the survey on the patient's behalf?
It is difficult for the patient to respond due to...

Please select all that apply

Age - too young

[NEXT]

Inst3. Ready to begin?

If you would like to return to your survey to complete it later, close the window and then return to the website provided in the email or text message and re-enter your login code. Your earlier responses will have been saved.

[BEGIN]

Screening Questions

[DO NOT SHOW HEADING]

Q1. WHO_answers

[SINGLE PUNCH]

Could you tell us if you are answering this survey on behalf of yourself or someone else?

1. Myself
2. Someone else unable to answer this survey

Q2. WHO_why

[IF SOMEONE ELSE]

[MULTICODE]

Which of the following reasons best describes why you are answering the survey on the patient's behalf?

It is difficult for the patient to respond due to...

Please select all that apply

1. Age - too young
2. Age - too old
3. Language (not enough English)
4. Computer abilities or access
5. Learning difficulties e.g. unable to read
6. Disabilities e.g. low vision
7. Health issues
97. Other, please specify

Main Questionnaire

[DO NOT SHOW HEADING]

Your care from your health care team

[SHOW HEADING]

INFO_HCT

We are going to ask you to reflect on your experiences with the doctors, nurses and the wider health care team during your hospital visit. When thinking about the wider health care team, this includes support staff and specialists within the hospital such as occupational therapists, physiotherapists, dieticians and other health care assistants.

Q3. QHCT_listen**[SINGLE CHOICE GRID]**

During your most recent hospital visit, did the **[INSERT HCP]** listen to your views and concerns?

[LOOP INSERTION]

- Q3_1 doctors
- Q3_2 nurses
- Q3_3 other members of your health care team

[GRID ACROSS]

1. Yes, always
2. Sometimes
3. No
95. I did not have contact with them

SURVEY MARKED AS COMPLETE IF ANSWERED Q3**Q4. QHCT_informed****[SINGLE CHOICE]**

Were you kept informed as much as you wanted to be about your treatment and care?

1. Yes, always
2. Sometimes
3. No
95. I was unable to be informed

Q5. QHCT_understood**[SINGLE CHOICE]**

Did your health care team explain what was going on during your visit in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No

Q6. QHCT_involve**[SINGLE CHOICE]**

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

1. Yes, always
2. Sometimes
3. No
95. I did not want to be involved
96. I was unable to be involved

Q6b. QHCT_involve_OE**[ASK IF QHCT_INVOLVE = Sometimes or No]**

What could have been done better to involve you in decisions about your treatment and care?

[OPEN END]

Q7d. QHCT_askquestions**[SINGLE CHOICE]**

Did you feel comfortable to ask any questions you had?

1. Yes, definitely
2. Somewhat
3. No
98. Can't remember / don't know

Q7. QHCT_conflict**[SINGLE CHOICE]**

Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?

1. Yes
2. No
98. Unsure / don't know

Q7b. QHCT_name_pronounce**[SINGLE CHOICE]**

Was your name pronounced properly by those providing your care?

1. Yes, always
2. Sometimes
3. No
4. No one used my name
98. Unsure / don't know

Q7c. QHCT_name_ask**[SINGLE CHOICE]**

Did those involved in your care ask you how to say your name if they were uncertain?

1. Yes, always
2. Sometimes
3. No
4. They did not need to ask
98. Unsure / don't know

Q8. QHCT_kind**[SINGLE CHOICE]**

Did the **[INSERT HCP LOOP]** treat you with **kindness and understanding** while you were in the hospital?

[LOOP INSERTION]

- Q8_1 doctors
- Q8_2 nurses
- Q8_3 other members of your health care team

[SCALE]

1. Yes, definitely
2. Somewhat
3. No
95. I did not have contact with them

Q9. QHCT_respect**[SINGLE CHOICE]**

Did the **[INSERT HCP LOOP]** treat you with **respect**?

[LOOP INSERTION]

- Q9_1 doctors
- Q9_2 nurses
- Q9_3 other members of your health care team

[GRID ACROSS]

1. Yes, definitely
2. Somewhat
3. No
95. I did not have contact with them

Q10. QHCT_trust**[SINGLE CHOICE]**

Did you have trust and confidence in the:

[STATEMENTS DOWN]

- Q10_1 doctors
- Q10_2 nurses
- Q10_3 other members of your health care team

[SCALE]

1. Yes, definitely
2. Somewhat
3. No
95. I did not have contact with them

Your experiences in hospital**[SHOW HEADING]****Q11. QH_clean****[SINGLE CHOICE]**

Were the hospital rooms or wards (including bathrooms) kept clean?

1. Yes, always
2. Sometimes
3. No

Q12. QH_private**[SINGLE CHOICE]**

Were you given enough privacy when talking about your treatment or condition?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

Q13. QH_help**[SINGLE CHOICE]**

Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?

1. Yes, always
2. Sometimes
3. No
95. I did not need or want help from staff

Q14. QExp_needs**[MATRIX CHOICE]**

Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in their treatment or care.

During this hospital visit...

Please select one answer for each statement

[STATEMENTS – DO NOT ROTATE]

- Did you feel your cultural needs were met?
- Did you feel your spiritual needs were met?
- Did you feel your individual needs were met?

[CHOICES]

1. Yes, definitely
2. Somewhat
3. No
4. I did not have any

Q15. QExp_needs_OE**[TEXTBOX GRID] [ASK ALL]**

How could your needs have been better met?

Please explain, in as much detail as possible.

If all your needs were met, please click the Next button to continue.

[OPEN END]**Q16. QFam_discuss****[SINGLE CHOICE]**

Did hospital staff include your family/whānau or someone close to you **in discussions** about the care you received during your visit?

1. Yes, definitely
2. Somewhat
3. No
95. I did not want them included
96. Not applicable

Q17. QMed_pain**[SINGLE CHOICE]**

During this hospital visit, did you receive pain relief that met your needs?

1. Yes, always
2. Sometimes
3. No
95. I did not need pain relief

Your surgery or operation(s)**[SHOW HEADING]****Q18. QSurg****[SINGLE CHOICE]**

During your visit in hospital, did you have an operation or surgery?

1. Yes
2. No
98. Don't know

Q19. QSurg_before**[ASK IF QSurg = Yes]****[SINGLE CHOICE]**

Before the operation(s), did staff help you to understand what would happen and what to expect?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

Q20. QSurg_after**[ASK IF QSurg = Yes]****[SINGLE CHOICE]**

After the operation(s), did staff help you to understand how it went?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

When you left the hospital**[SHOW HEADING]****[ASK ALL]****Q21. QDischarge_Ready****[SINGLE CHOICE]**

Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?

1. Yes, definitely
2. Somewhat
3. No

Q22. QDischarge_inform**[SINGLE CHOICE]**

Did you have enough information about how to manage your condition or recovery after you left hospital?

1. Yes, definitely
2. Somewhat
3. No
4. I was not given any information
95. I did not want or need any information

Q23. QMed_purpose**[SINGLE CHOICE]**

Were you told what the medicine (or prescription for medicine) you left the hospital with was for?

1. Yes, definitely
2. Somewhat
3. No
95. I was not given any medicine (or prescription for medicine) when I left hospital

Q24. QMed_sideeffect**[ASK IF Q23=1,2,3] [SINGLE CHOICE]**

Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No
95. They did not need to, because I already knew the side effects
96. I was not given any medicine (or prescription for medicine) when I left hospital

Q25. QDischarge_Help**[SINGLE CHOICE]**

Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

Your overall view of your hospital visit**[SHOW HEADING]****Q26. QDiscrim****[MULTIPLE CHOICE]**

When you were in hospital did you ever feel you were treated unfairly for any of the reasons below?

Please select all that apply

1. I was not treated unfairly **[EXCLUSIVE CHOICE]**
2. Your skin colour
3. Your race or ethnic group
4. Your sex

5. Your gender identity
6. Your age
7. A disability or physical health condition you have
8. A mental health condition you have
9. Your sexual orientation
10. Your religious beliefs
11. Your income or your family/whānau's income
12. Your appearance
97. Something else, please specify:
98. Unsure / don't know

QDiscrim_HIDDEN

[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]

Identified perceived unfair treatment

1. Yes **[IF SELECT ANY OTHER THAN I WAS NOT TREATED UNFAIRLY OR DON'T KNOW / UNSURE]**
2. No

Q27. QDiscrim_OE

[IF SELECT ANY OTHER THAN I WAS NOT TREATED UNFAIRLY OR DON'T KNOW / UNSURE in Q26. DISCRIM]

[IF RESPOND YES – TO ANY ABOVE]

[OPEN END]

If you felt you were treated unfairly, what happened to make you feel this way?

Please describe, in as much detail as possible...

If you were not treated unfairly, please click the Next button to continue

INTRO_Overall

The next questions are about your overall view of your latest hospital visit. Please think about all the aspects of your visit including those we have covered in the questions above and any other aspects that are important to you.

Q28. QOverall_Quality

[SINGLE CHOICE]

Overall, do you feel the quality of the treatment and care you received was:

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

OE_Disclaimer

Your responses to this survey are anonymous – please be careful **not** to give information in your comments that might identify you (such as dates, names, contact information).

Q29. QHS_Better_OE

[ASK ALL]

What would have made your visit in hospital better?

Please describe, in as much detail as possible...

[OPEN END]

Q30. QHS_Strength_OE**[ASK ALL]**

What about your visit in hospital went well?

If there is someone whom you would like to recognise for a job well done, please feel free to include their name (if you remember it) and what they did well below. Please describe, in as much detail as possible...

[OPEN END]**About you****[SHOW HEADING]**

Health Questions

[DO NOT SHOW HEADING]

The questions that follow are about difficulties you may have doing certain activities because of a **health condition**.

Q31_1 WGSS1**[SINGLE CHOICE]**

Do you have difficulty seeing, even if wearing glasses?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_2 WGSS2**[SINGLE CHOICE]**

Do you have difficulty hearing, even if using a hearing aid?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_3 WGSS3**[SINGLE CHOICE]**

Do you have difficulty walking or climbing steps?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_4 WGSS4**[SINGLE CHOICE]**

Do you have difficulty remembering or concentrating?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_5 WGSS5**[SINGLE CHOICE]**

Do you have difficulty washing all over or dressing?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

Q31_6 WGSS6**[SINGLE CHOICE]**

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

QWGSS_Aggregate (HIDDEN)**[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

Has a Disability Based on WGSS

1. Yes **[IF RESPOND YES – A LOT OF DIFFICULTY OR CANNOT DO AT ALL TO AT LEAST ONE OF THE WGSS IMPAIRMENTS.]**
2. No

Q32 HRCDisability**[SINGLE CHOICE]**

Do you think of yourself as disabled (or as having a disability)?

1. Yes
2. No
98. Unsure / don't know

Demographic Questions

[DO NOT SHOW HEADING]**INFO_ABOUT****[IF 'On behalf of someone else' at S1B SHOW STATEMENT]**

If you are answering on behalf of a patient, please complete this section using their details.

Q33 QGender**[SINGLE CHOICE]**

What is your gender?

1. male
2. female
3. another gender

Q34 QEthnicity_1**[MULTIPLE SELECTION]**

Which ethnic group or groups do you belong to?

Please select all that apply

1. New Zealand European
2. Māori

3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
97. Other (such as Dutch, Japanese, Tokelauan)

Q35 QEthnicity_2

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

Please select all that apply

[MULTIPLE SELECTION]

1. English
2. Australian
3. Dutch
4. Other European
5. Tokelauan
6. Fijian
7. Other Pacific Peoples
8. Filipino
9. Japanese
10. Korean
11. Cambodian
12. Other Asian
13. Middle Eastern
14. Latin American
15. African
97. Other, please specify

Q36 QAge**[SINGLE CHOICE]**

Which age range are you in?

1. 15 – 24 years
2. 25 – 34 years
3. 35 – 44 years
4. 45 – 54 years
5. 55 – 64 years
6. 65 – 74 years
7. 75 – 84 years
8. 85 years or over
99. Prefer not to disclose

Other Equity Questions

[DO NOT SHOW HEADING]**Q37 QLGBTQ****[SINGLE CHOICE]**

Which of the following options best describes how you think of yourself?

1. Straight or heterosexual

2. Gay or lesbian
3. Bisexual
97. Other
98. Don't know
99. Prefer not to answer

Questionnaire Completed

[DO NOT SHOW HEADING]

Recontact

[IF DHB=HAWKES BAY SKIP TO RECONTACT_HB ONLY, IF CANTERBURY SKIP TO RECONTACT_CDHB ONLY, IF DHB=SOUTHERN SKIP TO RECONTACT_STHN ONLY, ALL OTHERS CONTINUE THROUGH RECONTACT SECTION]

Intro_Recontact

[FOR ALL DHBs PATIENTS OTHER THAN HB DHB]

Your answers are used to help improve our care and services.

This survey covered a number of issues and possible areas of concern regarding your recent hospital visit. If there is anything that you would like to add to your answers or talk to someone at the District Health Board (DHB) about, please let us know below.

Q38 Recontact_offer

Would you like someone to contact you to discuss your feedback in this survey?

[SINGLE SELECTION (RADIO BUTTONS)]

1. No thanks
2. Yes, I would like someone to contact me to discuss my feedback or health experience

Q39 Recontact_details

[IF YES AT Q38 RECONTACT_OFFER ASK Q39 RECONTACT_Details]

Please provide the following contact details and we'll get in touch with you as soon as possible.

First name: **[100 CHAR]**

Last name: **[100 CHAR]**

Phone number: **[NUMERICAL]**

Email: **[CHECK EMAIL]**

[CONFIRM EITHER PHONE NUMBER OR EMAIL INCLUDED IF NEITHER SHOW ERROR MESSAGE "If you would like someone to follow-up with you about your hospital visit, please provide relevant contact information."]

Q40 Recontact_Reason

Please provide some information on what you would like to talk to us about. We can then ensure the right person at the District Health Board (DHB) contacts you.

[OPEN END]

Thank you

[SHOW HEADING]

Thank you

Thank you for your valuable time and feedback.

You have now finished the New Zealand patient experience adult hospital survey.

Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

If you would like to provide feedback on the survey, we would like to hear what you think. If you do not want to answer these quick questions, you can now select 'Exit' or close this window, your survey has been submitted.

Thanks again,

**[DHB SIGNATORY] [LOGOS]
[NAVIGATION BUTTONS]**

- Feedback about survey
- Exit

RECONTACT_CDHB ONLY

[FOR Canterbury DHB PATIENTS ONLY SHOW]

Thank you for your time and feedback.

You have now finished this survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

Given this is an anonymous survey, if you should need a response to a compliment, suggestion, or complaint please use this link to the CDHB internet website at <http://www.cdhb.health.nz/About-CDHB/Pages/Feedback-Form.aspx>.

Thanks again,
Susan Wood
Director Quality and Patient Safety
Canterbury District Health Board

If you would like to provide feedback on the survey **design** itself please continue, if not you can now select 'Exit' or close this window, your survey has been submitted.

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

RECONTACT_HB ONLY

[FOR Hawkes Bay DHB PATIENTS ONLY SHOW]

Thank you for your time, you have now finished this survey.

Your answers are used to help improve our care and services.

If you have any feedback about your health care experience that you would like us to respond to, please follow the link below and choose the best way for you to give us your feedback.

<http://www.ourhealthhb.nz/connect-with-us-2/>

If you would like to provide feedback on the survey, we would like to hear what you think. If you do not want to answer these quick questions, you can now select 'Exit' or close this window, your survey has been submitted.

Thanks again,

Ms. Keriana Brooking Chief Executive Officer
Hawkes Bay District Health Board
nationalpatient.survey@hbdhb.govt.nz

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

RECONTACT_STHRN ONLY

Thank you for your time, you have now finished this survey.

Your answers are used to help improve our care and services.

If you have any feedback about your health care experience that you would like us to respond to, please follow the link below and choose the best way for you to give us your feedback.

<https://www.southernhealth.nz/contact-us/southern-dhb-feedback>

Thanks again,

Quality & Clinical Governance Solutions

Southern District Health Board

feedback@southerndhb.govt.nz

If you would like to provide feedback on the survey design itself please continue, if not you can now select 'Exit' or close this window, your survey has been submitted.

[NAVIGATION BUTTONS]

- Feedback about survey
- Exit

Q41 QFeedback**[ASK ALL]****[GRID QUESTION]**

Please indicate whether you agree or disagree with each of the following statements about your experience answering this survey.

[SCALE]

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

[STATEMENTS]

Q41_1 I would participate if I was invited to this kind of survey again.

Q41_2 The survey was visually appealing.

Q41_3 I found this survey easy to understand.

Q42 QFeedback_OE**[SHOW ON SAME PAGE AS QFeedback]**

Any other comments about the survey you would like to give us:

Your feedback can help us make improvements.

[OPEN END]**Closing Page****Thank You****[SHOW HEADING]**

Thank you for your time and feedback. You have now finished this survey.

We have recorded all your answers so you can now close this window.