



Adult hospital inpatient experience survey

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. They are not visible in the online questionnaire itself.

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

No questions are compulsory.

Kia ora

[SHOW HEADING]

Thank you for taking part in this important survey about your recent stay in **[HOSPITAL NAME]** that ended on **[DISCHARGE DATE]**. Your feedback will help us understand what went well and if there is anything that we could have done better.

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

Your answers are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

[SHOW IF MATERNITY COHORT]

You have been sent this survey because you were in hospital recently for maternity care.

If you need help or someone to talk to about the birth of your baby or any concerns, you may like to contact:

- Your midwife or lead maternity carer
- Your general practitioner (GP)

For families and whānau who have experienced birth trauma or infant loss, at the end of the survey we have included links that you may like to visit for support.

How to complete this survey

[SHOW HEADING]

Going back to change an answer

Your responses are submitted as you go through the survey. You can move backwards to change your answers by clicking the “Previous” button at the bottom of the page. If you use the “Back” button on your internet browser or mobile phone and get taken out of the survey, you can return to where you were using your login code. Your earlier responses will have been saved.

Complete later

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

Skipping questions

You can skip any question you do not want to answer, cannot remember or that is not applicable to you. Just leave it blank and click “Next” to move to the next question.

Ready to begin?

Click on the “Next” button to begin the survey.

[NEXT]

Screening Questions

[DO NOT SHOW HEADING]

WHO_answers

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

WHO_why

[ASK IF WHO_answers=2 ‘Someone else unable to answer this survey’]

[MULTIPLE CHOICE]

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

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 or injuries
97. Other, please specify

Initial demographics

[DO NOT SHOW HEADING]

INFO_ABOUT

[DO NOT SHOW HEADING]

First, we will ask you some general questions about yourself.

[ASK IF WHO_answers=2 'Someone else unable to answer this survey']

If you are answering on behalf of a patient, please use their details.

Qage

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
- 98 Prefer not to answer

QEthnicity_1

[MULTIPLE CHOICE]

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)

QEthnicity_2**[ASK IF QEthnicity_1=97] [MULTIPLE CHOICE]**

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

Please select all that apply

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

Health status

[ROTATING: August 2025, 2026] [SHOW TITLE TO RESPONDENTS]

This section asks the following patient-reported outcome measures:

- EQ-5D-5L (EuroQol Group)
- EQ VAS (EuroQol Group)

The measures are not presented in this document. Further information can be found at <https://euroqol.org/>.

HRCDisability

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

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

INTRO_MatExperience [SHOW IF MATERNITY COHORT]

The next questions are about your experience at **[HOSPITAL NAME]** that ended on **[DISCHARGE DATE]**

QBirth [SHOW IF MATERNITY COHORT]

Did you give birth during this hospital visit? 'Birth' includes babies born vaginally or by caesarean.

1. Yes
2. No

Your care from your health care team

[SHOW HEADING]

INFO_HCT

[DO NOT SHOW HEADING]

Now we are going to ask you to reflect on your experiences with the **[IF MATERNITY THEN "midwives,"]** 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 professionals. **[IF QBirth = 1. Yes]** When answering these questions, please think of your entire hospital stay, including before and after you gave birth.

[IF NON-MATERNITY] Remember when we say your hospital visit, we are talking about your stay in **[HOSPITAL NAME]** that ended on **[DISCHARGE DATE]**.

QHCT_listen

[SINGLE CHOICE MATRIX]

During this hospital visit...

- **[SHOW IF MATERNITY COHORT] QHCT_listen_mw** Did the midwives listen to your views and concerns?
- **QHCT_listen_dr** Did the doctors listen to your views and concerns?
- **QHCT_listen_nurse** Did the nurses listen to your views and concerns?
- **QHCT_listen_Other** Did other members of your health care team listen to your views and concerns?

[GRID SCALE]

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

[SURVEY MARKED AS COMPLETE IF ANSWERED QHCT_listen]

QHCT_informed

Were you kept informed as much as you wanted to be about [IF QBirth = 1. Yes THEN “treatment and care for yourself and your baby?” IF NON-MATERNITY OR QBirth = 2. No THEN “your treatment and care?”]

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

QHCT_understood

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

QHCT_benefitsrisks

Were the benefits and risks of all tests, procedures and treatments explained to you in a way that you could understand before you were asked for your consent?

1. Yes, always
2. Sometimes
3. No
95. Not relevant to my situation

QHCT_involve

Were you involved as much as you wanted to be in making decisions about [IF QBirth = 1. Yes THEN “treatment and care for yourself and your baby?” IF NON-MATERNITY OR QBirth = 2. No THEN “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

QHCT_involve_OE

[ASK IF QHCT_INVOLVE= (2 ‘Sometimes’ OR 3 ‘No’)]

What could have been done better to involve you in decisions about [IF QBirth = 1. Yes THEN “treatment and care for yourself and your baby?” IF NON-MATERNITY OR QBirth = 2. No THEN “your treatment and care?”]

Please explain, in as much detail as possible.

[OPEN END]

QHCT_askquestions

Did you feel comfortable to ask any questions you had?

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

QFeedingSupport [IF QBirth = 1. Yes]

Did your health care team give you active support and encouragement to feed your baby in the way you wanted to?

1. Yes, definitely
2. Somewhat
3. No
95. Not relevant to my situation

QHCT_conflict

Were you given conflicting information by different [IF MATERNITY THEN “members of the health care team” IF NON-MATERNITY THEN “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

QHCT_name_pronounce

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

QHCT_name_ask

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
5. No one used my name
98. Unsure / don't know

QHCT_respectkind**[SINGLE CHOICE MATRIX]**

While you were in the hospital...

- **[SHOW IF MATERNITY COHORT]** **HCT_respect_mw** Did the midwives treat you with respect and kindness?
- **HCT_respect_dr** Did the doctors treat you with respect and kindness?
- **QHCT_respect_nurse** Did the nurses treat you with respect and kindness?
- **QHCT_respect_other** Did other members of your health care team treat you with respect and kindness?

[GRID SCALE]

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

QHCT_trust**[SINGLE CHOICE MATRIX]**

While you were in the hospital...

- **[SHOW IF MATERNITY COHORT]** **QHCT_trust_mw** Did you have trust and confidence in the midwives?
- **QHCT_trust_dr** Did you have trust and confidence in the doctors?
- **QHCT_trust_nurse** Did you have trust and confidence in the nurses?
- **QHCT_trust_other** Did you have trust and confidence in other members of your health care team?

[GRID SCALE]

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

Your experiences in hospital

[SHOW HEADING]

QH_clean

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

1. Yes, always
2. Sometimes
3. No

QH_private

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

1. Yes, definitely
2. Somewhat
3. No

QH_help

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

QH_handsanitise

Did you see hospital staff wash or sanitise their hands before touching [IF QBirth = 1. Yes THEN "you or your baby?" IF NON-MATERNITY OR QBirth = 2. No THEN "you?"]

1. Yes, always
2. Sometimes
3. No, I did not see this
98. Unsure / don't know
95. Not applicable

QExp_needs**[SINGLE CHOICE MATRIX]**

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...

- **QExp_needs_1** Did you feel your cultural needs were met?
- **QExp_needs_2** Did you feel your spiritual needs were met?
- **QExp_needs_3** Did you feel your individual needs were met?

[GRID SCALE]

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

QAccessibility

More specifically, thinking about any disability, impairment, or long-term health condition that you have, did you feel your accessibility needs were met?

For example, did you have the equipment you needed, were you able to communicate easily?

95. I don't have any disability, impairment or long-term condition / does not apply to me

1. Yes, definitely
2. Somewhat
3. No

QExp_needs_OE

[ASK IF ANY QExp_needs_1/2/3 OR QAccessibility = (2 'Somewhat' OR 3 'No')]

[OPEN END]

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.

QFam_welcome [SHOW IF MATERNITY COHORT]

Were any family, whānau or other people that you wanted support from made to feel welcome?

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

QFam_stay [SHOW IF MATERNITY COHORT]

Were any family, whānau or other people that you wanted support from able to stay with you as much as you wanted?

1. Yes
2. No, as they were restricted to visiting hours
3. No, as there was no accommodation for them
4. No, they were not able to stay for another reason
95. Did not apply to my situation

QFam_discuss

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

QMed_pain

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]

QSurg

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

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

QSurg_before

[ASK IF QSurg=1 'Yes']

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

QSurg_after**[ASK IF QSurg=1 'Yes']**

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

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

When you left the hospital**[SHOW HEADING]****QDischarge_Ready**

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

QDischarge_informMaternity [SHOW IF QBirth = 1. Yes]

Before you left hospital, did staff give you useful information about managing the health and care of you and your baby at home?

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

QDischarge_inform

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
96. I did not want or need any information

QDischarge_inform_OE**[ASK IF QDischarge_inform OR QDischarge_informMaternity = (2 'Somewhat' OR 3 'No' OR 4 'I was not given any information')]****[OPEN END]**What information did you **not** get that you would have liked?*Please explain, in as much detail as possible.*

QMed_purpose

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

QMed_sideeffect

[ASK IF QMed_purpose=(1 'Yes, definitely' OR 2 'Somewhat' OR 3 'No' OR 99 No Response)]

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

QDischarge_Help

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]

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
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 QDISCRIM=2-97]
2. No [IF QDISCRIM=1 OR 98]

QDiscrim_OE

[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 this hospital visit. Please think about all the aspects of your visit including those we have covered in the previous questions and any other aspects that are important to you.

QOverall_Quality

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**[READ ONLY]**

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).

QHS_Better_OE**[OPEN END]**

What would have made your visit in hospital better?

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

QHS_Strength_OE**[OPEN END]**

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...

QFloating_OE**[OPEN END]**

Were there any other important parts of your experience that are not covered by the questions in this survey?

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

About you

[SHOW HEADING]

Health Questions

[DO NOT SHOW HEADING]

INTRO_WGSS

These questions are about long-term difficulties.

Long-term is something that has lasted or is expected to last six months or more.

[INCLUDE IN QUARTERS WHERE EQ-5D IS INCLUDED ONLY “Some of these questions may sound like questions you have already answered but we have to ask.”]

WGSS1

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

WGSS2

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

WGSS3

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

WGSS4

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

WGSS5

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

WGSS6

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 WGSS1 OR WGSS2 OR WGSS3 OR WGSS4 OR WGSS5 OR WGSS6=3-4]**
2. No

Final demographics

[DO NOT SHOW HEADING]

INFO_END

[DO NOT SHOW HEADING]

Some final questions about yourself. These will help us to see how experiences vary between different groups of the population. This information will not be used to identify you or affect any services you receive.

INFO_ABOUT

[DO NOT SHOW HEADING]

[ASK IF WHO_answers=2 'Someone else unable to answer this survey']

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

Qgender

What is your gender?

1. Male
2. Female
3. Another gender

QLGBTQ

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]

Survey Feedback

Thank you, you have now completed all of the questions about your hospital inpatient experience.

QFeedback_trigger

If you would like to provide feedback on the survey, we would like to hear what you think.

Would you like to provide feedback on the survey?

1. Yes
2. No

QFeedback

[ASK IF QFeedback_trigger=1] [SINGLE CHOICE MATRIX]

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

- **Qfeedback_1** I would participate if I was invited to this kind of survey again.
- **Qfeedback_2** The survey was visually appealing.
- **Qfeedback_3** I found this survey easy to understand

[GRID SCALE]

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

QFeedback_OE

[ASK IF QFeedback_trigger=1]

Any other comments about the survey you would like to give us? Your feedback can help us make improvements.

[OPEN END]

Thank you

[SHOW HEADING]

[CLOSING PAGE]

[IF A DISTRICT HAS A CUSTOM THANK YOU NOTE THEN DISPLAY INSTEAD]

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient experience survey.

Your feedback, along with that from others who have completed the survey, will be used to help us understand what went well and how we can improve the quality of the services we provide.

You can see how other people have responded to this survey, and where their experience is similar and different to yours, [here](#). Please note that all survey answers are anonymous and will not be connected to you or anyone else in any way.

[IF MATERNITY COHORT]

If you need help or someone to talk to about [IF QBirth = 1. Yes THEN “the birth of your baby” OR IF QBirth = 2. No THEN “your pregnancy”] or any concerns, you may like to contact:

- Your midwife or lead maternity carer
- Your general practitioner (GP)

For support with depression or anxiety, or for families and whānau who have experienced birth trauma or infant loss, you may like to visit:

- <https://www.mybirthstory.org.nz/external-resource>
- <https://www.acc.co.nz/im-injured/what-we-cover/cover-for-maternal-birth-injuries>
- <https://www.midwife.org.nz/midwives/college-roles-and-services/resolution-support/>
- <https://wheturangitia.services.govt.nz>

[DISTRICT SIGNATORY] [LOGOS]