

The National Survey of NHS Patients

Questionnaire

On the copy of the questionnaire included in this report, the answer categories that have been taken to indicate that patients perceived a **problem** with an aspect of their care, are indicated by the **blacking out** of the tick boxes

Part A: Your hospital visit

EVERYONE PLEASE ANSWER THESE QUESTIONS

211

A1. These questions are about your hospital visit which ended (or the day visit which took place) on the date printed on the label on the front of the questionnaire.

Please confirm that you were in hospital on that date.

Yes, I was in hospital on that date 1 **Go to A2**

No, I was **not** in hospital on that date 2 **See below**

If you were not in hospital on that date please write in below the date of your **last** visit to this hospital **before July 2000** (excluding out-patient visits) and continue with questions A2, A3, etc about this visit.

212-19

Day Month Year

220

A2. During this visit, in your opinion, were there enough **doctors** on duty to care for you in hospital?

Tick ONE only

There were **always** or **nearly always** enough doctors on duty 1

There were **sometimes** enough doctors on duty 2

There were **rarely** or **never** enough doctors on duty 3

221

A3. During this visit, in your opinion, were there enough **nurses** on duty to care for you in hospital?

Tick ONE only

There were **always** or **nearly always** enough nurses on duty 1

There were **sometimes** enough nurses on duty 2

There were **rarely** or **never** enough nurses on duty 3

222

A4. During this visit, in your opinion, how clean was the hospital ward that you were in?

Tick ONE only

Very clean 1

Fairly clean 2

Not very clean 3

Not at all clean 4

223

A5. During this visit, would you say that the hospital food was...

Tick ONE only

...very good 1

fairly good 2

fairly poor 3

very poor 4

I did not have any hospital food 5

A6. Thinking of the condition for which you were treated or examined during this hospital visit, please choose one of the following statements:

Tick ONE only

- This was the **first visit to any** hospital which involved **treatment** for that condition 1 **Go to Part B on page 4**
- I had hospital **treatment** for that condition **before** this visit 2 **Go to A7 below**
- My first hospital **treatment** for that condition was **after** this visit 3 **Go to A7 below**
- I have **never** received any hospital **treatment** for that condition 4 **Go to Part D on page 11**

225-30

A7. When was the **first** time you received hospital **treatment** for that condition (at any hospital)?

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 A8.

IF IT IS MORE THAN FIVE YEARS AGO, PLEASE GO TO PART D (PAGE 11).

231

A8. Was this **first** treatment at the hospital named on the label on the front of the questionnaire, or was it at a **different** hospital?

Tick ONE only

- Hospital named on the label 1
- Different NHS hospital (PLEASE WRITE IN DETAILS BELOW) 2
- Name of hospital
- Town/City
- Private hospital/treatment 3

232-34

235-37

238-39

A9. Thinking about the **first** hospital visit involving treatment for that condition, how many nights were you in hospital during that visit?

Tick ONE only

- None (I was a day patient) 01
- 1 night 02
- 2-3 nights 03
- 4-7 nights 04
- 8-14 nights 05
- 15 nights or more 06
- Can't remember 98

Part B: Your first hospital treatment

Thinking about the **FIRST** hospital visit which involved being **TREATED** for that condition...

-
- B1.** Was the date of this **first** hospital visit ever cancelled or postponed **by the hospital**? 240
Tick ONE only
- Yes, the appointment was cancelled or postponed **once** 1
- Yes, the appointment was cancelled or postponed **more than once** 2
- No, the appointment was **not** cancelled or postponed by the hospital 3
- Can't remember 8
-
- B2.** 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? 241
- Yes 1
- No 2
- Can't remember 8
-
- B3.** Before or during this visit, were you given the name of a particular hospital **nurse** who would be in overall charge of your care? 242
- Yes 1
- No 2
- Can't remember 8
-
- B4.** During this visit, were you told what to do if you wanted to complain about the care you received? 243
- Yes 1
- No 2
- Can't remember 8
-
- B5.** During this visit, did you have confidence and trust in the **hospital doctors** who treated you? 244
Tick ONE only
- Yes, in all of them 1
- Yes, in some of them 2
- No, in none of them 3
-
- B6.** During this visit, did you have confidence and trust in the **nurses** who were caring for you? 245
Tick ONE only
- Yes, in all of them 1
- Yes, in some of them 2
- No, in none of them 3
-
- B7.** How much of the time were you treated with respect and dignity by the **doctors and nurses and other hospital staff**? 246
Tick ONE only
- Always 1
- Most of the time 2
- Only some of the time 3
- Never 4
-

B8. During this visit, when discussing your condition or treatment with **doctors or nurses** did you have enough privacy during your discussions?

Tick ONE only

- Yes, every time 1
- Yes, some of the time 2
- No, never 3
- I did not have any discussions 4

B9. During this visit, did you have enough privacy while the **doctors** were examining you?

Tick ONE only

- Yes, every time 1
- Yes, some of the time 2
- No, never 3
- I was never examined 4

B10. During this visit, did the **hospital doctors** explain your condition, treatment or tests in a way that you found easy or difficult to understand?

Tick ONE only

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

B11. During this visit, when you had questions to ask the **hospital doctors**, how often did you get answers you could understand?

Tick ONE only

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

B12. During this visit, when you had questions to ask the **nurses**, how often did you get answers you could understand?

Tick ONE only

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

Still thinking about the FIRST hospital visit which involved being TREATED for that condition...

B13. 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? 252

Tick ONE only

Yes, often 1

Yes, sometimes 2

Yes, only once 3

No, never 4

B14. 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? 253

Tick ONE only

Yes, often 1

Yes, sometimes 2

Yes, once 3

No, never 4

B15. 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? 254

Tick ONE only

Yes, often 1

Yes, sometimes 2

Yes, once 3

No, never 4

B16. 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? 255

Tick ONE only

Involved as much as I wanted 1

Would have liked to be more involved 2

B17. Did doctors or nurses involve your family or friends in decisions about your treatment? 256

Tick ONE only

Yes, they were involved, but given **too little** information 1

Yes, they were involved and given the **right amount** of information 2

Yes, they were involved, but were given **too much** information 3

No, they were not involved, though I would have liked them to be 4

No, I did not want my family or friends to be involved 5

I had no family or friends available to be involved 6

B18. During this visit, which of these tests or treatments did you have?

Tick ALL that apply

- Ultrasound 01
- Biopsy 02
- Scan 03
- Barium enema 04
- Barium meal 05
- Chemotherapy 06
- Radiotherapy 07
- Endoscopy (miniature camera on tube inserted into body) 08
- Operation or surgery involving general anaesthetic 09
- Other type(s) of test or treatment (PLEASE WRITE IN BOX BELOW) 10

B19. During this visit, did the hospital doctors or nurses discuss the **purpose** of your operation or other treatment with you?

Tick ONE only

- Yes, and I **completely** understood what was said 1
- Yes, and I understood **some** of what was said 2
- Yes, but I **did not understand** what was said 3
- No, the purpose was **not discussed** at all 4
- I did not want to discuss it 5
- Can't remember 8

B20. During this visit, did the hospital doctors or nurses tell you about **possible side effects** of your operation or other treatment?

Tick ONE only

- Yes, and I **completely** understood what was said 1
- Yes, and I understood **some** of what was said 2
- Yes, but I **did not understand** what was said 3
- No, side effects were **not discussed** at all 4
- I did not need an explanation 5
- Can't remember 8

B21. During this visit, were you asked to sign a consent form for your treatment?

- Yes 1
- No 2
- Can't remember 8

Still thinking about the FIRST hospital visit which involved being TREATED for that condition...

B22. After your operation or other treatment, did the hospital doctors or nurses discuss with you **how well it had gone**? 311

Tick ONE only

- Yes, and I **completely** understood what was said 1
- Yes, and I understood **some** of what was said 2
- Yes, but I **did not understand** what was said 3
- No, it was **not discussed** at all 4
- I did not want to discuss it 5
- Can't remember 8

B23. 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? 312

Tick ONE only

- I would have preferred **more** information 1
- I would have preferred **less** information 2
- The amount of information was **about right** 3
- Can't remember 8

B24. Were you ever in any pain or discomfort during this visit? 313

Yes 1 **Go to B25**

No 2 **Go to Part C on page 9**

B25. During this visit, how much of the time were you in pain or discomfort? 314

Tick ONE only

- All or most of the time 1
- Some of the time 2
- Occasionally 3

B26. During this visit, when you had pain or discomfort, was it **usually** severe, moderate, or mild? 315

Tick ONE only

- Severe 1
- Moderate 2
- Mild 3
- Can't say 8

B27. During this visit, do you think that the hospital staff did everything they could to help with your pain or discomfort? 316

Tick ONE only

- Yes, all of the time 1
- Yes, some of the time 2
- No, not at all 3

B28. During this visit, in your opinion, were you given the right amount of medicine to help with your pain? 317

Tick ONE only

- I was given the **right** amount 1
- I was given **too much** 2
- I was **not** given **enough** 3
- I was **not** given **any** medicine 4
- Can't remember 8

Part C: Leaving hospital

Still thinking about the **FIRST** hospital visit which involved being **TREATED** for that condition...

- C1.** 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?

Tick **ONE** only

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

318

- C2.** Before you left hospital, were you given any **written** or **printed** information about what you should or should not do after leaving hospital?

Tick **ONE** only

- Yes 1
- No 2
- Can't remember 8

319

- C3.** Before you left hospital, did the hospital staff explain how long it would be before you could resume your usual activities, such as doing household chores or driving a car?

Tick **ONE** only

- Yes, and the explanation was **clear** 1
- Yes, but the explanation was **not clear** 2
- No, it was **not explained** at all 3

320

- C4.** Did the hospital staff take your family or home situation into account before planning to send you home from hospital?

Tick **ONE** only

- Yes, fully 1
- Yes, partly 2
- No, not at all 3
- Don't know 8

321

- C5.** Before you left hospital, were you told about a support or self-help group for people with your condition?

Tick **ONE** only

- Yes 1
- No 2
- Can't remember 8

322

- C6.** 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).

Tick **ONE** only

- Yes 1
- No 2

323

Still thinking about the FIRST hospital visit which involved being TREATED for that condition...

324-30

C7. 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

- Yes, I was told to contact my GP 1
- Yes, I was told to contact the hospital 2
- Yes, I was told to contact a community or district nurse 3
- Yes, I was told to dial 999 4
- Yes, I was told to contact someone else 5
- No, I was not told whom to contact 6
- Can't remember 8

C8. In your opinion, was the length of your hospital visit about right, shorter than you needed or longer than you needed?

Tick ONE only

- About right 1
- Shorter than I needed 2
- Longer than I needed 3

331

C9. After you left hospital, which of the following people were involved in looking after you?

Tick ALL that apply

- GP 1
- Community nurse/district nurse/specialist nurse 2
- A private nurse 3
- None of these people 4

332-34

C10. As far as you know, was your GP given enough information about your treatment or condition?

Tick ONE only

- Yes 1
- No 2
- Don't know 8

335

C11. After you left hospital, how well did the care provided **by the NHS** meet your needs?

Tick ONE only

- Very well 1
- Fairly well 2
- Not very well 3
- Not at all well 4
- I did not need any care from the NHS after I left hospital 5
- I had private medical care after I left hospital 6

336

Part D: Finding out what was wrong with you

EVERYONE PLEASE ANSWER THESE QUESTIONS

Thinking about the **CONDITION** for which you were in hospital on the date on the label...

D1. When did you **first** notice signs or symptoms of this condition?

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

Month Year

337-42

D2. Had you visited a General Practitioner (GP) about this condition at any point **before** you attended hospital?

Yes 1 **Go to D3**

No 2 **Go to D5**

343

D3. After visiting your GP about this condition, how long did you have to wait before you had your **first** appointment with a **hospital doctor**?

Tick ONE only

Was seen by hospital doctor/consultant the same day or next day 01

More than 2 days, but within 1 week 02

More than 1 week, but within 2 weeks 03

More than 2 weeks, but within 1 month 04

More than 1 month, but within 3 months 05

More than 3 months, but within 6 months 06

More than 6 months, but within 1 year 07

More than 1 year 08

Can't remember 98

344-45

D4. 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?

Tick ONE only

My condition got worse 1

My condition got better 2

My condition stayed about the same 3

346

D5. When did you **first** see a hospital doctor for this condition?

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

Month Year

347-52

IF THIS DATE IS WITHIN THE LAST 5 YEARS, PLEASE GO TO QUESTION D6

IF IT IS MORE THAN 5 YEARS AGO, PLEASE GO TO PART E (PAGE 15)

These questions are about your FIRST appointment with a hospital doctor for this condition...

353

D6. Was this **first** appointment at the hospital named on the label on the front of the questionnaire or was it at a **different** hospital? *Tick ONE only*

Hospital named on the label 1

Different NHS hospital (PLEASE WRITE IN DETAILS BELOW) 2

Name of hospital

354-56

Town/City

357-59

Private hospital/treatment 3

D7. During this first appointment, did the hospital give you **tests only**, or were you admitted for **treatment** straight away? *Tick ONE only*

I was given **tests only** 1

I was given **both tests and treatment** 2

I was **admitted** to hospital for **treatment** straight away 3

I was given **neither** tests **nor** treatment 4

360

D8. During this first appointment, did the hospital doctors or nurses explain the purpose of any tests to you? *Tick ONE only*

Yes, and I **completely** understood what was said 1

Yes, and I understood **some** of what was said 2

Yes, but I **did not understand** what was said 3

No, the tests were **not explained** 4

I was not given any tests 5

Can't remember 8

361

D9. Were you told what was wrong with you **during** this first hospital appointment, or **before** or **after** this first hospital appointment? *Tick ONE only*

Told **during** this first hospital appointment 01 **Go to D10 on page 13**

Told **before** this first hospital appointment 02 **Go to D10 on page 13**

Told **after** this first hospital appointment:

1 day to 2 weeks **after** 03 **Go to D10 on page 13**

More than 2 weeks, up to 1 month **after** 04 **Go to D10 on page 13**

More than 1 month, up to 3 months **after** 05 **Go to D10 on page 13**

More than 3 months, up to 6 months **after** 06 **Go to D10 on page 13**

More than 6 months **after** 07 **Go to D10 on page 13**

Have not been told what is wrong with me 08 **Go to Part E on page**

362-63

These questions are about your FIRST appointment with a hospital doctor for this condition...

364

D10. Were you told what was wrong with you in person, over the telephone, or in a letter?

Tick ONE only

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

D11. At the time you were first told, **who told you** what was wrong with you?

Tick ALL that apply

- Hospital doctor 02
- Hospital nurse 03
- GP 04
- District nurse/community nurse/practice nurse 05
- Counsellor 06
- Husband/wife/partner/other member of my family 07
- Someone else 08

365-78

D12. **Who else was present** when you were told what was wrong with you, not including the person who told you?

Tick ALL that apply

- Nobody else was present 01
- Hospital doctor 02
- Hospital nurse 03
- GP 04
- District nurse/community nurse/practice nurse 05
- Counsellor 06
- Husband/wife/partner/other member of my family 07
- Someone else 08

Spare 379-80

411-26

D13. At the time, did you want somebody else to be present when you were told what was wrong with you?

Tick ALL that apply

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

427-29

D14. Did you understand the explanation of what was wrong with you?

Tick ONE only

- Yes, I **completely** understood what was said 1
- Yes, I understood **some** of what was said 2
- No, I **did not** understand what was said 3
- Can't remember 8

430

These questions are about your FIRST appointment with a hospital doctor for this condition...

D15. How much time was spent telling you what was wrong with you?

Tick ONE only

431

Less than 10 minutes 1

10 minutes or more, but less than 30 minutes 2

30 minutes or more, but less than one hour 3

One hour or more 4

Can't remember 8

D16. Do you feel that the time spent telling you what was wrong with you was too long, too short, or about right?

Tick ONE only

432

Too long 1

Too short 2

About right 3

Can't remember 8

D17. When you were told what was wrong with you, were you given any **written** or **printed** information about your treatment or condition?

Tick ONE only

433

Yes 1

No 2

Can't remember 8

D18. When you were told what was wrong with you, did anyone explain the different types of treatment you could have for your condition?

Tick ONE only

434

Yes, and I **completely** understood what was said 1

Yes, and I understood **some** of what was said 2

Yes, but I **did not understand** what was said 3

No, different types of treatment were **not explained** 4

Can't remember 8

D19. Have you **ever** used any complementary or alternative therapies for this condition? If yes, please tell us which you have used.

Tick ALL that apply

435-46

No, have never used any complementary therapies for this condition 01

Acupuncture 02

Aromatherapy 03

Reflexology 04

Massage 05

Another kind of complementary or alternative therapy 06
(PLEASE WRITE IN BOX BELOW)

Spare 447-54

Part E: Out-patient appointments

Still thinking about the condition for which you were in hospital on the date on the label...

E1. Have you had an **out-patient** appointment for this condition, at **any** hospital, **in the last 2 years**?

Yes 1 **Go to E2**

No 2 **Go to Part F on page 18**

455

E2. When was your **most recent** out-patient appointment for this condition?

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

Month

Year

456-61

E3. Was this **most recent** out-patient appointment at the hospital named on the label on the front of the questionnaire or was it at a different hospital?

Tick ONE only

Hospital named on the label 1

Different NHS hospital (PLEASE WRITE IN DETAILS BELOW) 2

Name of hospital

463-65

Town/City

466-68

Private hospital/treatment 3

E4. Was this **most recent** outpatient appointment ever cancelled or postponed **by the hospital**?

Tick ONE only

Yes, the appointment was cancelled or postponed **once** 1

Yes, the appointment was cancelled or postponed **more than once** 2

No, the appointment was **not** cancelled or postponed by the hospital 3

Can't remember 4

469

E5. Were you given treatment on this most recent out-patient appointment or just a check-up?

Tick ONE only

Treatment 1

Just a check-up 2

Neither check up nor treatment 3

470

Spare 471-73

Still thinking about your MOST RECENT out-patient appointment...

474

E6. How long did you **wait, after your appointment time**, before seeing a **doctor** at the out-patient clinic on this occasion?

Tick ONE only

Less than 10 minutes 1 **Go to E7**

10 minutes or more, but less than 20 minutes 2 **Go to E7**

20 minutes or more, but less than 30 minutes 3 **Go to E7**

30 minutes or more, but less than 1 hour 4 **Go to E7**

1 hour or more 5 **Go to E7**

Can't remember 8 **Go to E7**

Did not see a doctor 6 **Go to E11 on page 17**

E7. How much time did the doctor spend with you during this most recent out-patient appointment?

Tick ONE only

Less than 10 minutes 1

10 minutes or more, but less than 20 minutes 2

20 minutes or more, but less than 30 minutes 3

30 minutes or more, but less than 1 hour 4

1 hour or more 5

Can't remember 8

475

E8. Do you feel that the time that the doctor spent with you on this occasion was too long, too short, or about right?

Tick ONE only

Too long 1

Too short 2

About right 3

Can't remember 8

476

E9. Did you have **confidence and trust** in the hospital doctor who saw you as an out-patient on this occasion?

Tick ONE only

Yes, a lot 1

Yes, a fair amount 2

Not very much 3

None at all 4

Can't say 8

477

Still thinking about your MOST RECENT out-patient appointment...

478

E10. Did you have enough privacy while the doctor was examining you as an out-patient on this occasion?

Tick ONE only

- Yes 1
- No 2
- I was not examined 3

479

E11. Did you have enough privacy when discussing your condition or treatment with the doctors or nurses as an out-patient on this occasion?

Tick ONE only

- Yes 1
- No 2
- There were no discussions 3

480

E12. During this most recent out-patient appointment, did the **doctor or nurse** involve your family or friends in discussing your care or treatment?

Tick ONE only

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

511

E13. Were you treated with respect and dignity by the **doctors or nurses** as an out-patient on this occasion?

Tick ONE only

- Yes 1
- No 2

512

E14. 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?

Tick ONE only

- Too frequent 1
- Not frequent enough 2
- About right 3
- Can't say 8

Part F: About you

THE FOLLOWING QUESTIONS WILL HELP US TO ANALYSE YOUR ANSWERS

F1. Are you male or female?

Male 1

Female 2

513

F2. What is your date of birth?

Day

Month

Year

Please write in:

19

514-19

F3. Are you...

Tick ONE only

520

...married or living with a partner 1

divorced or separated 2

widowed 3

or single (never married, and not living with a partner)? 4

F4. Including yourself, how many people live in your household who are aged 18 or over?

Write in number

521-22

F5. To which of the following ethnic groups would you say you belong?

Tick ONE only

523-24

White 01

Black – Caribbean 02

Black – African 03

Black – Other Black Groups 04

Indian 05

Pakistani 06

Bangladeshi 07

Chinese 08

Other (PLEASE WRITE IN BOX BELOW) 09

F6. What language do you speak most often at home?

Tick ONE only

525

English 1

Other European language 2

Asian language (such as Hindi, Gujerati, Urdu, Sylheti, Bengali, Chinese) 3

Other (PLEASE WRITE IN BOX BELOW) 4

Spare 526-27

F7. Which one of these best describes your current situation?

Tick ONE only

- In paid work (including self-employment) 01 **Go to F9**
- Temporarily off sick from my job 02 **Go to F9**
- Unemployed 03 **Go to F8**
- Retired from paid work 04 **Go to F9**
- Unable to work because of long-term disability or ill health 05 **Go to F8**
- Looking after the family, home or dependants 06 **Go to F8**
- In full-time education or training (including government training programme) 07 **Go to F8**
- Other (PLEASE WRITE IN BOX BELOW) 08 **Go to F8**

F8. Have you ever been in paid employment or self-employed?

530

- Yes 1 **Go to F9**
- No 2 **Go to F12 on page 20**

F9. Please give the title of your **present or most recent paid job** (or period of self-employment) and describe what you actually do/did.

531-37

Job title

Job description

F10. In that job, are/were you...

Tick ONE only

538

- ...a manager 1
- a foreman or supervisor 2
- an employee (other than manager or foreman) 3
- or, self-employed? 4

F11. Do/did you work in...

Tick ONE only

539

- ...a large organisation (25 or more employees) 1
- a small organisation (less than 25 employees) 2
- or, on your own (self-employed and no employees)? 3

F12. Do you look after, or give special help to, anyone who is sick, disabled or elderly, other than in a professional capacity?

Tick ALL that apply

- Yes, a person in this household 1
- Yes, a person in another household 2
- No 3

542-43

F13. And does anyone look after or give special help **to you** because of sickness, disability or old age, other than in a professional capacity?

Tick ALL that apply

- Yes, a person in this household 1
- Yes, a person in another household 2
- No 3

544-49

F14. Did you complete this form by yourself, or did someone help you with any of it?

Tick ALL that apply

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

550

F15. If at some future date we wanted to ask you more questions about your health or health care, may we contact you again?

- Yes 1
- No 2

551-58 Batch

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.**

The independent research organisations responsible for the National Survey of NHS Patients are:

National Centre for Social Research
Picker Institute – Europe
Imperial College of Science, Technology and Medicine