



Patient Survey: What did you think about the Assessment and Treatment Unit?



Please tell us about your stay in an assessment and treatment unit.



It will help us check services and help them get better.



Please tick the box that is right for you or write your answer in the space. There is extra space at the end if you need more room for your answers. You may want to ask a family member or carer to help you to do this.



You do not have to answer any questions you do not want to.

About you



1. Are you

Female

Male

Prefer not to say



2. How old are you?

About your stay in hospital



3. Which hospital did you go to?



4. Before you went into hospital did anyone tell you what would happen while you were there?

Yes

No

5. Did they send you any information?

Yes

No



If yes, was it in easy read?

Yes

No



6. Did the staff at the hospital do anything special to support you when you got there?

Yes

No

If yes, please tell us what:



If no, is there anything they could have done?



7. Did you understand everything they said to you?

For example, why you were there and what was going to happen?

Yes

No



8. Have you a Hospital Passport?

Yes

No

I do not know



Did the staff look at it?

Yes

No

I do not know



9. Did you have a plan of what would happen to make you well so you could leave the hospital?

Yes

No



Were you involved in making this plan?

Yes

No

10. Did they involve you in everything and tell you what was happening?

Yes

No



Is there anything you wanted to know more about?



11. Did you feel the staff listened to you?

Yes

No

Sometimes



12. Did you want your family or carers involved in what would happen to you?

Yes

No



If yes, do you feel they were involved?

Yes

No

Sometimes



13. Were you able to see your family or carers when you wanted?

Yes

No

Do you want to say anything else about this?



14. Could you keep in touch with services that support you at home?

Yes

No

15. Did the hospital help you with any of these things?

		Yes	No	Do not know
	Eating healthy foods			
	Constipation – finding it hard to poo			
	Exercise and being active.			
	Sleeping better			
	Checking your eyes and how well you can see			
	Checking your ears and how well you can hear			



16. If you need to wear pads did they change them when you needed it?

Yes

No



If no, did this make you sore or uncomfortable?

Yes

No

A bit



17. Were you given any medicine?

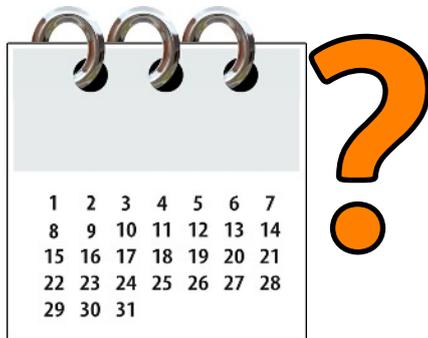
Yes

No

If yes, do you know why you needed it?

Yes

No



18. Did they say how long you would stay in hospital?

Yes

No

If yes, did you stay this long?

Yes

No

If no, do you want to say anything about this?



19. Did they help you plan what would happen when you left the hospital?

Yes

No

If yes, were you and your family or carers involved in this plan?

Yes

No



20. How did staff treat you?



21. Did you feel safe in hospital?

Yes

No

If no, can you tell us why?



22. When you left the hospital did they tell you about anything you might need to do when you got home?

Yes

No



1. _____
2. _____
3. _____

Did they give you a list of when and how to take any medicine?

Yes

No



Did they give you a leaflet about how to stay well so you do not need to go back in to hospital again?

Yes

No

If yes, was it in easy read?

Yes

No



23. What did you think about your stay in hospital?

For example:

- What went well?
- What could have been better?

Do you want to tell us anything else about your stay in hospital?

Extra space



Thank you very much for helping us!

What you said will help us and the hospital.



Please send this form to:



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