

‘Have Your Say on Equality in the NHS’ - Equality Hospital Survey 2015

Your answers to this survey should be based on your recent experience at Royal Albert Edward Infirmary, Leigh Infirmary, Wrightington Hospital and our Out-Patient Centre at the Thomas Linacre Centre.

1.	How easy was it for you to access the hospital services?	Very Easy	Easy	Difficult	Very Difficult	Comments (if Difficult, please explain why)

2.	When you had important questions to ask staff, did you get answers that you could understand?		Nurse	Doctor	Comments (if No, please explain why)
		Yes Always			
		Sometimes			
		No			
		No need to ask			

3.	Where you given enough privacy when being examined / treated? Where you given enough privacy when discussing your condition or treatment?		When Examined / Treated	When discussing Condition / Treatment	Comments (if No, please explain why)
		Yes Always			
		Sometimes			
		No			

4.	Do you understand the importance of patient safety in a hospital setting?	Yes	No	Not Sure	Comments (if No, please explain why)

5.	Were you involved in decisions about your care and treatment?	Yes Always	Sometimes	No	Comments (if No, please explain why)	

6.	When attending hospital were you given any written / printed information about your condition / procedure?	Yes Always	Sometimes	No	Did not require	Comments (if No, please explain why)	

7.	If you had a complaint / concern was it dealt with to your satisfaction?	Yes Always	Sometimes	No	Did not have a complaint	Comments (if No, please explain why)	

8.	Overall how would you rate your experience of using hospital services?	Poor Experience										Excellent Experience		Comments (if Poor, please explain why)	
		0	1	2	3	4	5	6	7	8	9	10			
		Please circle													

9.	During your visit to hospital, did you feel that you were treated unfairly for any of the reasons below:	Yes	No	Don't Know	I was treated fairly at all times	Comments (if yes, please explain why)
	Gender					
	Age					
	Race / Ethnic Background					
	Religion					
	Sexual Orientation					
	A Disability you have					
	Other reason					
	None of these					

We provide services to people who have a variety of different needs. We need to collect the following data/information to make sure everyone can access our services and to inform future service planning and improvement.

Are you: Male Female

Do you considered yourself to be a transgender / transsexual? Yes No

Please tell us your age?

a) 16 - 29 b) 30 - 39 c) 40 - 49 d) 50 - 59
e) 60 - 69 f) 70 - 79 g) 80+

To which ethnic group would you say you belong?

White British	<input type="checkbox"/>	Asian other background	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White black African	<input type="checkbox"/>	Other black background	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	White & black Caribbean	<input type="checkbox"/>		
Other mixed background	<input type="checkbox"/>	Other white background	<input type="checkbox"/>		
Other please state				

Do you consider yourself to have a disability? Yes No

If yes, do you have a:

Physical impairment	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Mental health condition	<input type="checkbox"/>
Other Health condition	<input type="checkbox"/>		

Religion or Beliefs

Atheism Buddhism Hinduism Islam Sikhism
Agnosticism Christianity Humanism Jainism
No Religion or Belief Any Other Religion/Belief (please state) _____

Sexual Orientation

Heterosexual (straight) Gay Man Lesbian/Gay Woman Bisexual
Other Please State

Marital Status

Single Married Civil Partnership (Same Sex Marriage)

Pregnancy & Maternity: Are you an expectant mother? Yes No
Not Applicable

Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help or/and support? Yes No