



# Patient Opinion Survey - Hospital Accomodation

Your answers are fully confidential. Please answer honestly.

## About yourself

1. Patient number

2. Gender  Male  Female

3. How old are you?

4. Ward number

### 5. Ward Type

Open ward  Bay ward  
 Double room  Single room

### 6. What is your overall opinion of this ward?

Good  Acceptable  Poor

7. When did you arrive?

8. When did you leave?

### 9. What is your occupation?

Farmer  Craft workers  
 Liberal Professions  Executives  
 Government Official  Employee  
 Manual worker  Unemployed  
 Retired  Student  
 Other non-working  Other Working

## Noise

### 10. Do you have any problems related to the following noises within the ward?

Noise from TVs  Noise from staff  
 Noise from visitors  Noise from equipment  
 Noise from other patients  Other noise  
 No problems

### 11. Have you been disturbed by other noises?

### 12. Do you have any specific comments on the noise in the ward?

### 13. How would you rate the ward in terms of noise?

Very noisy  Quite noisy  Not very noisy

### 14. Do you have any suggestions on how we could improve noise levels on the ward?

## Toilet and bathroom facilities

15. Have you ever had to wait to use the toilet or bathroom facilities?  No  Yes

16. Was the wait for the toilet or bathroom a problem for you?  Yes  No

17. Do you have any comments on the toilet and bathroom facilities?

### 18. What do you think of the showers on this ward?

Good  Poor  Haven't used it

### 19. How could the showers be improved?

## Privacy

20. Do you feel there is sufficient privacy for washing and dressing?  Yes  No

21. How could privacy for washing and dressing be improved?

22. Do you feel there is sufficient privacy for examinations?  Yes  No

23. How could privacy for examinations be improved?

24. Do you feel there is sufficient privacy for discussions with doctors and nurses?  Yes  No



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**25. How could privacy for discussion with doctors or nurses be improved?**

### Life on the ward

**26. What do you think of the catering arrangements on the ward?**

**27. What do you think of the interior design and the furniture on the ward?**

**28. How easy is it to get a nurse's attention if you need assistance?**     Easy     Not very easy

**29. Why not?**

**30. Are there any problems with sharing accomodations with other patients?**

Yes,quite often     Yes, occasionally     No

**31. What are the problems with sharing accomodation?**

**32. What do you like most about the type of ward you are on at the moment?**

**33. What do you most dislike about the ward you are on at the moment?**

**34. If there was one thing you could change about the ward, what would it be?**

### Previous hospital experience

**35. What sort of wards have you stayed on before?**

Open ward                       Bay type ward  
 Single room                       Double room

**36. How does the design of this ward compare with other wards you have been on?**

Better                       Worse                       No opinion

**37. In what way is the ward better than others?**

**38. In what way is the ward worse than other wards?**

**39. If you had a choice, which type of ward accomodation would you choose?**

Open ward                       Bay-type ward  
 Single room                       No preference

**40. What would be your ideal hospital ward?**

**41. Do you have any other comments about the ward?**