

In order to improve the service we provide, **Cardiff and Vale University Health Board** would be grateful if you could complete this short survey regarding the care you received during a recent hospital stay, day surgery attendance or outpatient clinic appointment.

The questionnaire should take around **2 minutes** to complete, is voluntary and all the results are anonymous. When answering the following questions, please do not include any personal details such as your name, address, date of birth or telephone number.

Area / Ward:

If you are completing this questionnaire on behalf of the patient, please tick here

Section A - About the care you received.

1. Whilst in our care did you feel safe?

- Always
- Usually
- Sometimes
- Rarely
- Never

2. Were staff kind and caring?


- Always
- Usually
- Sometimes
- Rarely
- Never

3. Did you feel involved, when decisions were made about your care and/or treatment?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Not applicable

4. Using a scale of 0 to 10 where 0 is very bad and 10 is excellent, overall, how would you rate your overall experience?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very bad  Excellent

5. Was there anything particularly good about your experience that you would like to tell us about?

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6. Was there anything that we could change to improve your experience?

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Section B - About you.

We are committed to ensuring that everyone receives fair and equal respect. Whatever your age, disability, ethnicity, faith, gender or sexual identity, you can expect to be treated with dignity.

We can only achieve this with your help by providing the information below. Data will be used for monitoring purposes only and held in strictest confidence.

Your identity will not be disclosed to anyone.

7. Please can we collect a few basic details about you?

If you are completing this questionnaire on behalf of the patient, all answers should relate to the patient.

- Yes → **Go to Question 8**
- No → **Section C**

8. What is your age?

(Please give the patient's age, if completing this questionnaire on their behalf)

- 0 - 15 years
- 16 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75 years and over
- Prefer not to say
- Don't know

9. What is your gender?

(Please give the patient's gender, if completing this questionnaire on their behalf)

- Male
- Female
- Non-Binary
- Other
- Prefer not to say
- Don't know

10. Does your gender identity match your sex at birth?

(Please say whether patient's gender identity matches their sex at birth, if completing this questionnaire on their behalf)

- Yes
- No
- Prefer not to say
- Don't know

11. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months?

(Please say whether the patient's day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last at least 12 months, if completing this questionnaire on their behalf)

- Yes, a lot
- Yes, a little
- Not at all
- Prefer not to say
- Don't know

12. Which of the following best describes your sexual orientation?

(Please give the description which best describes the patient's sexual orientation, if completing this questionnaire on their behalf)

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Pansexual
- Other
- Prefer not to say
- Don't know

13. What is your religion?

(Please give the patient's religion, if completing this questionnaire on their behalf)

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say
- Don't know

14. What is your ethnic group?

(Please give the patient's ethnic group, if completing this questionnaire on their behalf)

- White → **Go to Question 15**
- Mixed or Multiple ethnic groups → **Go to Question 16**
- Asian, Asian Welsh or Asian British → **Go to Question 17**
- Black, Black Welsh, Black British, Caribbean or African → **Go to Question 18**
- Other ethnic group → **Go to Question 19**
- Prefer not to say → **Go to Question 20**
- Don't know → **Go to Question 20**

15. Would you describe yourself as:

(Please say how the patient would describe themselves, if completing this questionnaire on their behalf)

- Welsh, English, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other white background
- Prefer not to say
- Don't know

Once answered, please go to **Question 20**.

16. Would you describe yourself as:

(Please say how the patient would describe themselves, if completing this questionnaire on their behalf)

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple background
- Prefer not to say
- Don't know

Once answered, please go to **Question 20**.

17. Would you describe yourself as:

(Please say how the patient would describe themselves, if completing this questionnaire on their behalf)

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian, Asian Welsh or Asian British background
- Prefer not to say
- Don't know

Once answered, please go to **Question 20**.

18. Would you describe yourself as:

(Please say how the patient would describe themselves, if completing this questionnaire on their behalf)

- Caribbean
- African
- Any other Black, Black Welsh, Black British, Caribbean or African background
- Prefer not to say
- Don't know

Once answered, please go to **Question 20**.

19. Would you describe yourself as:

(Please say how the patient would describe themselves, if completing this questionnaire on their behalf)

- Arab
- Any other ethnic group
- Prefer not to say
- Don't know

20. What is your preferred language ?

(Please give the patient's preferred language, if completing this questionnaire on their behalf)

- Welsh
- English
- Arabic
- Bengali
- Czech
- Polish
- Mandarin
- BSL
- Other preferred language
- Prefer not to say
- Don't know

Section C - How we use your feedback.

21. Thank you for taking the time to complete this questionnaire. Your anonymous feedback will form part of a report that will be passed to the relevant department and will be used to help shape their future service.

We may also like to share your anonymous feedback with the wider community, for example, with other Healthcare providers and/or the general public. This may be as part of a report, presentation and/or publication. Would you be happy for us to share your **anonymous** feedback with the wider community?

- Yes
- No

Thank you for completing this questionnaire.

Please check that you have answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided. No stamp is needed.