Fareham and Gosport MS

Mrs Richards

Primary Care Trust

Please find enclosed copy of Community Health Council Questionnaire which was omitted from original correspondence. Please accept our apologies for this error.

Unit 180, Fareham Reach 166 Fareham Road Gosport PO13 OFH

lan Piper Chief Executive

Tel: 01329 233447 Fax: 01329 234984

I deal not reply to this Code A

With compliments

FAG0021 02/02

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL

Admiral House, Second Floor, High Street, Cosham, Portsmouth, Hampshire. PO6 3BZ Tel: 023 9238 3832

COMMUNITY HOSPITALS COMMUNICATION SURVEY

Please circle or tick the answer which applies to you and write your comments in the spaces provided.

Are you completing this form yourself or is someone else filling it in on your behalf?					
	Self	Friend/Relative	CHC Member		
	Did you have an explanation of the reasons for your admission from:				
		Nurse Nurse / Hospital Nurse Please specify	Please go to question 3 Please go to question 5		
	Did you understand the explanation?				
	Yes	No			
	Were you given an opportunity to ask questions?				
	Yes	No			

13.	ned to you?				
	Yes	No	Not Applicable		
14.	Have you had an explanation of your prognosis (outlook) from:				
		Please go to question 15			
	No explanation	was given	Please go to question 17		
15.	Did you understand the explanation?				
	Yes	No			
16.	Were you given an opportunity to ask questions?				
	Yes	No			
17.	Have your cultural and religious beliefs been taken into account?				
	Yes	No	Not Applicable		
18.	How often do you expect to speak to a Doctor, Consultant or Nurse?				
19.	them?		ched you or have you had to approach		
20.	At any time were you given an opportunity for additional questions after being given time for reflection?				
	Yes	No			

30.	Do you feel the staff have time to talk to you?					
·	ChaplainDomestic	onal Therapist Staff				
	P Otners - I	rease specify		••••••		
31.	From the abo	ve list, who has b	een the mos	st helpful	?	
32.	On admission	 ı, were you told:		•••••••		
J.2.	 Where the How to ce Meal time Visiting te Where the 	e bathrooms and t all a nurse es				
33.	Has the hospitals discharge policy been explained to you?					
	Yes	Please go to qu	estion 34	No	Please go to question 36	
34.	Did you understand the explanation?					
	Yes]	No			
35.	Were you giv	en an opportunity	to ask que	stions?		
	Yes	1	No			
36.	Have staff discussed with you whether you will require any support at home? e.g. meals, carer, emergency button or medication etc?					
	Yes	1	No			
37.		-	•	-	uire any special equipment at who will provide them?	
	Yes]	No		Not Applicable	

45.	Has your stay in hospital and your treatment and care lived up to these expectations and if not, in what respect were they not met?
46.	What else, if anything, would you have wanted or expected?
47.	Do you have any further comments you would like to make?
4B.	
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