

Trauma and orthopaedics survey



Hampshire Hospitals
NHS Foundation Trust

1. Are you a:

- Patient
- Carer, or relative
- Voluntary Organisation

2. Have you or someone you care for had an orthopaedic trauma operation (for example for a broken bone)?

- Yes (me)
- Yes (a relative or someone I care for)
- No

3. Have you or someone you care for had a planned hip or knee replacement surgery?

- Yes (me)
- Yes (a relative or someone I care for)
- No

4. Are you or someone you care for waiting for a planned hip or knee replacement surgery?

- Yes (me)
- Yes (a relative or someone I care for)
- No

5. Which hospital did you go to for your operation, or which hospital is your operation scheduled to take place in?

- Royal Hampshire County Hospital, Winchester
- Basingstoke and North Hampshire Hospital
- Other (please specify below):

6. How did you get to the hospital?

- Ambulance
- Car
- Taxi
- Public Transport
- Not applicable (not yet had operation)
- Other (please specify below):

7. In future, if you had to have your operation in another hospital, how would this affect you?

(For example going to Basingstoke and North Hampshire Hospital for an orthopaedic trauma operation or to the Royal Hampshire County Hospital for planned hip and knee replacement surgery)

8. Please rate the impact below:

- High negative impact
- Moderate negative impact
- Low negative impact
- Neutral
- Low positive impact
- Moderate positive impact
- High moderate impact

9. Would you find information regarding the following helpful?

- Hospital parking information (locations and costs)
- Public transport information
- Taxi service information
- Visiting times
- Other (please specify below):

10. How was your experience?

11. What could be improved?

12. Do you have any additional comments?

13. We anticipate length of stay would shorten. Would you welcome this?

- Yes
- No
- If no, please tell us why:

14. How often would you expect your relative or carer to visit? Or how often would you like to visit your relative or the person you care for?

15. Would you prefer 'open' visiting times?

- Yes
- No

16. What facilities would you like to see in The Firs rehabilitation therapy unit?

17. Which GP practice are you registered with?

18. Are you:

- Female
- Male
- Prefer not to say

19. Your age group:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

20. Your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Any other ethnic background (please specify below): | |

21. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please tell us about your disability below:

22. Your religion or belief:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other religion or belief |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Islam | |

23. You would describe your sexuality as:

- Bisexual
- Gay man
- Heterosexual/Straight
- Lesbian/Gay woman
- Prefer not to say

24. Are you a carer?

- No
- Yes, for child/children under 18 years living at home
- Yes, for a relative or person living with you
- Yes, for a relative or person living elsewhere