



# Adult hospital outpatient experience survey

## PROGRAMMING INSTRUCTIONS

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses. They are not visible in the online questionnaire itself.

If nothing is shown for filter the default is all respondents and default question type is single choice.

Items which are derived from question responses and used for subsequent routing or piping within the questionnaire are shown in **grey boxes**.

No questions are compulsory.

## Kia ora

### [SHOW HEADING]

Thank you for taking part in this important survey about your recent appointment at the **[CLINIC NAME]** on **[APPOINTMENT DATE]**.

Your feedback will help us understand what went well and if there is anything that we could have done better.

The survey should take just 10 to 15 minutes to complete, depending on your answers.

Your answers are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

## How to complete this survey:

### [SHOW HEADING]

#### Going back to change an answer

Your responses are submitted as you go through the survey. You can move backwards to change your answers by clicking the “Previous” button at the bottom of the page. If you use the “Back” button on your internet browser or mobile phone and get taken out of the survey, you can return to where you were using your login code. Your earlier responses will have been saved.

#### Complete later

If you would like to return to your survey to complete it later, close the window and then return to the link provided in the email or text message and re-enter your login code. Your earlier responses will have been saved.

#### Skipping questions

You can skip any question you do not want to answer, cannot remember or that is not applicable to you. Just leave it blank and click “Next” to move to the next question.

#### Ready to begin?

Click on the “Next” button to begin the survey.

[NEXT]

## Screening Questions

[DO NOT SHOW HEADING]

### WHO\_answers

Could you tell us if you are answering this survey on behalf of yourself or someone else?

1. Myself
2. Someone else, unable to answer this survey

### Who\_why

[ASK IF WHO\_answers=2]

[MULTIPLE CHOICE]

Which of the following reasons best describe why you are answering the survey on the patient's behalf? It is difficult for the patient to respond due to...

*Please select all that apply*

1. Language (not enough English)
2. Computer abilities or access
3. Learning difficulties e.g. unable to read
4. Disabilities e.g. low vision
5. Health issues or injuries
97. Other, please specify

[PAGE BREAK]

## Initial demographics

[DO NOT SHOW TITLE TO RESPONDENTS FOR ANALYSIS ONLY]

### INFO\_ABOUT

[DO NOT SHOW HEADING]

First, we will ask you some general questions about yourself.

[IF Q1=2 'On behalf of someone else']

If you are answering on behalf of a patient, please use their details.

### Qage

Which age range are you in?

1. 15 – 24 years
2. 25 – 34 years
3. 35 – 44 years
4. 45 – 54 years
5. 55 – 64 years
6. 65 – 74 years
7. 75 – 84 years
8. 85 years or over
98. Prefer not to answer

**QEthnicity\_1****[MULTIPLE CHOICE]**

Which ethnic group or groups do you belong to?

*Please select all that apply*

1. New Zealand European
2. Māori
3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
97. Other (such as Dutch, Japanese, Tokelauan)

**QEthnicity\_2****[ASK IF QEthnicity\_1=97]****[MULTIPLE CHOICE]**

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

*Please select all that apply*

1. English
2. Australian
3. Dutch
4. Other European
5. Tokelauan
6. Fijian
7. Other Pacific Peoples
8. Filipino
9. Japanese
10. Korean
11. Cambodian
12. Other Asian
13. Middle Eastern
14. Latin American
15. African
97. Other, please specify

**HRCDisability**

Do you think of yourself as disabled (or as having a disability)?

1. Yes
2. No
98. Unsure / don't know

## About your appointment

[SHOW HEADING]

### QApt\_ModeOfDelivery

Was this appointment:

1. In person at the clinic (face-to-face)
2. Video call (using a smartphone, tablet or computer)
3. Telephone call
97. Other, please specify

### QApt\_Mode\_HIDDEN

[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTION]

Appointment mode of delivery

1. in person [IF QApt\_ModeOfDelivery=1]
2. video call [IF QApt\_ModeOfDelivery=2]
3. telephone call [IF QApt\_ModeOfDelivery=3]

[PAGE BREAK]

## Before your appointment

### QBef\_InfoBefore

Did you get all the information you needed before your appointment?

*This could include why you needed the appointment, your appointment details, what to bring with you, transport options to get to the appointment.*

1. Yes, definitely
2. Somewhat
3. No
95. I did not need any information

**SURVEY MARKED AS “RESPONSE INCLUDED” IF ANSWERED QBef\_InfoBefore**

### QBef\_InfoBefore\_Wanted

[ASK IF QBef\_InfoBefore=2,3]

[MULTIPLE CHOICE]

What information would you have liked to get before your appointment?

1. Why I needed the appointment or what the appointment was for
2. If the appointment was in person or by video / phone call
3. Who I would see at the appointment
4. How long the appointment would take
5. If the appointment would include a procedure, test, or treatment
6. How to prepare for the appointment
7. If I could have family/whānau or a support person with me
8. Transport or parking options
97. Some other information (please tell us what)

**QBef\_BarriersMade****[MULTIPLE CHOICE]**

Did you have any of the following difficulties when this appointment was made?

*Please select all that apply*

1. I wasn't able to get a time that suited me
3. I wasn't able to contact the clinic in the way I wanted (e.g. by telephone, text message, email, letter)
4. The clinic didn't contact me in the way I wanted (e.g. by telephone, text message, email, letter)
6. I tried to contact the clinic to reschedule my appointment but they didn't get back to me
7. The appointment was previously cancelled or postponed
8. The wait to get an appointment was too long
97. Some other difficulty (please tell us what)
95. None – I had no difficulties

**QBef\_BarriersGetTo\_inperson****[ASK IF ModeOfDelivery=in person]****[MULTIPLE CHOICE]**

When arriving at your appointment, were any of the following difficult for you?

*Please select all that apply*

1. Finding transport to take me
2. The time it took to travel there
3. Paying for transport or parking
4. Finding a car park
5. Finding my way around the hospital or clinic
6. A long walk
10. Communicating with the receptionist
12. No suitable seating in the waiting area
11. Hearing my name called in the waiting area
13. A long wait for the appointment to start
14. Not knowing how long I would have to wait for the appointment to start
97. Some other difficulty (please tell us what)
95. None – I had no difficulties

**QBef\_BarriersGetTo\_time****[ASK IF QBef\_BarriersGetTo\_inperson=2]**

You said that the time it took to travel to your appointment caused difficulty for you. How long did it take?

1. Less than 30 minutes
2. 30 to 59 minutes
3. 1 hour to under 2 hours
4. 2 hours to under 3 hours
5. 3 hours or more
98. Can't remember / don't know

**QTelehealth\_Like****[ASK IF QApt\_ModeOfDelivery=phone or video]****[MULTIPLE CHOICE]****[ROTATE FOR ORDER EFFECTS. ANCHOR 'OTHER' AND 'I DIDN'T LIKE ANYTHING']**

What did you like about having your appointment by [video call / telephone call]?

*Please select all that apply*

1. I didn't need to travel to get there
2. I didn't have to wait as long to get an appointment (I could get the appointment more quickly than if I waited to get one in person at the clinic)
3. No need to organise childcare or take children with me
4. No need to take time off work
5. Feel more comfortable at home / in a familiar place
6. I didn't have to visit a place where others may be unwell
97. Other, please specify **[ANCHOR]**
95. I didn't like anything about it **[ANCHOR] [SINGLE SELECT]**

**QBef\_BarriersGetTo\_telehealth****[ASK IF ModeOfDelivery=2,3]****[MULTIPLE CHOICE]**

Did any of the following cause you difficulties with the [video call / telephone call]?

*Please select all that apply*

1. Finding the video link **[VIDEO ONLY]**
2. Logging on to the video link **[VIDEO ONLY]**
3. The internet access or speed wasn't good enough **[VIDEO ONLY]**
4. The video didn't work or was poor quality **[VIDEO ONLY]**
5. I had issues with my phone or was cut off **[ONLY IF PHONE]**
8. The phone reception wasn't good enough **[ONLY IF PHONE]**
7. I didn't have a private place to take the call
9. I couldn't show them my physical symptoms or condition
10. It was harder to hear or understand what they were saying than if I had been there in person
11. It was harder to explain myself than if I had been there in person
97. Some other difficulty (please tell us what)
95. None – I had no difficulties

**QBef\_Reception****[ASK IF ModeOfDelivery=1]**

Did the reception staff at [CLINIC NAME] treat you with respect?

1. Yes, definitely
2. Somewhat
3. No
95. I did not talk to/see any reception staff

**QBef\_ComAccess**

If you needed help communicating or understanding English, did staff arrange support for you? This could include an interpreter, translator, support person, communication boards or white boards.

1. I did not need staff to arrange this support for me
2. Yes, definitely
3. Somewhat
4. No
98. Can't remember / don't know

**[PAGE BREAK]**

**During your appointment**

**[SHOW HEADING]**

The next questions are about your experiences during your appointment.

**QCare\_WhoWith**

Who was this appointment with?

*If it was with more than one, please select the main person.*

1. Specialist / Doctor
2. Nurse
3. Midwife
4. Physiotherapist
5. Radiographer (X-ray, ultrasound, MRI)
6. Dietician
7. Occupational therapist
8. Podiatrist
12. Health care technician
97. Other health care professional (please specify)

**QCare\_NamePronounce**

Was your name pronounced properly by the **[QCare\_WhoWith]**?

1. Yes, always
2. Sometimes
3. No
4. No one used my name
98. Unsure / don't know

**QCare\_NameAsk**

Did the **[QCare\_WhoWith]** ask you how to say your name if they were uncertain?

1. Yes, always
2. Sometimes
3. No
4. They did not need to ask
5. No one used my name
98. Unsure / don't know

**[PAGE BREAK]**

**QCare\_Attributes\_Listen**

Did the **[QCare\_WhoWith]** listen to your views and concerns?

1. Yes, definitely
2. Somewhat
3. No

**QCare\_Attributes\_Inform**

Did the **[QCare\_WhoWith]** inform you as much as you wanted about your health condition, treatment or care?

1. Yes, definitely
2. Somewhat
3. No

**QCare\_Attributes\_Understood**

Did the **[QCare\_WhoWith]** explain things in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No

**QCare\_Attributes\_Time**

Did the **[QCare\_WhoWith]** spend enough time with you?

1. Yes, definitely
2. Somewhat
3. No

**QCare\_Attributes\_RespectKindness**

Did the **[QCare\_WhoWith]** treat you with respect and kindness?

1. Yes, definitely
2. Somewhat
3. No

**[PAGE BREAK]**

**QCare\_Trust**

Did you have trust and confidence in the **[QCare\_WhoWith]**?

1. Yes, definitely
2. Somewhat
3. No

**QCare\_Involve**

Did the **[QCare\_WhoWith]** involve you as much as you wanted to be in making decisions about your treatment and care?

1. Yes, definitely
2. Somewhat
3. No
95. I did not want to be involved



**QCare\_Involve\_OE****[ASK IF QCare\_INVOLVE=2,3]****[OPEN END]**

What could have been done better to involve you in decisions about your treatment and care?

**QCare\_AskQuestions**

Did you feel comfortable to ask the **[QCare\_WhoWith]** any questions you had?

1. Yes, definitely
2. Somewhat
3. No
98. Can't remember / don't know

**QFam\_Involve**

If you wanted to, were you able to have family / whānau or someone close to you involved in discussions about your treatment and care?

1. Yes, definitely
2. Somewhat
3. No
95. I did not want them involved
96. Not applicable

**[PAGE BREAK]****QNeeds****[SINGLE CHOICE MATRIX]**

Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in their treatment or care.

During your appointment...

**[STATEMENTS – DO NOT ROTATE]**

- **QNeeds\_Cultural**  
Did you feel your cultural needs were met?
- **QNeeds\_Spiritual**  
Did you feel your spiritual needs were met?
- **QNeeds\_Individual**  
Did you feel your individual needs were met?

**[CHOICES]**

1. Yes, definitely
2. Somewhat
3. No
4. I did not have any

**QAccessibility**

More specifically, thinking about any disability, impairment, or long-term health condition that you have, did you feel your accessibility needs were met?

*For example, could you get around easily, were you able to communicate easily?*

95. I don't have any disability, impairment or long-term condition / does not apply to me

1. Yes, definitely
2. Somewhat
3. No

**QNeeds\_OE**

**[ASK IF QNEEDS\_CULTURAL QNEEDS\_SPIRITUAL OR QNEEDS\_INDIVIDUAL = 2,3 OR QACCESSIBILITY = 2,3] [OPEN END]**

How could your needs have been better met?

*Please explain, in as much detail as possible.*

**[PAGE BREAK]**

**Qdiscrim**

**[MULTIPLE CHOICE]**

During your appointment did you ever feel you were treated unfairly for any of the reasons below?

*Please select all that apply*

1. I was NOT treated unfairly **[EXCLUSIVE]**
2. Your skin colour
3. Your race or ethnic group
4. Your sex
5. Your gender identity
6. Your age
7. Your disability, impairment or long-term health condition
8. Your mental distress or mental health condition
9. Your sexual orientation
10. Your religious beliefs
11. Your income or your family/whānau's income
12. Your appearance
97. Something else, please specify:
98. Unsure / don't know

**QDiscrim\_Hidden**

**[NOT SHOWN TO RESPONDENT – AUTOPUNCH BASED ON PREVIOUS QUESTIONS]**

Identified perceived unfair treatment

1. Yes **[IF Qdiscrim\_2/97=1]**
2. No **[IF Qdiscrim =1 OR 98]**

**QDiscrim\_OE****[ASK IF QDiscrim\_Hidden=1]****[OPEN END]**

If you felt you were treated unfairly, what happened to make you feel this way?

*Please describe, in as much detail as possible.*

**[PAGE BREAK]****QPrivacy****[ASK IF QApt\_ModeOfDelivery=1]**

Were you given enough privacy during your appointment?

1. Yes, always
2. Sometimes
3. No
95. Not applicable

**[PAGE BREAK]****Medication****QMedication\_Info**

Were you given useful information about any new medication you were provided as part of your care? This could include what the medication is for, potential side effects and how to take the medication.

1. I did not get any new medication
2. Yes, definitely
3. Somewhat
4. No, the information I was given was not useful
5. No, I was not given any information
98. Unsure / don't know

**[PAGE BREAK]****Leaving your appointment****QAfter\_Info**

Were you given enough information about how to manage your care or recovery at home?

1. Yes, definitely
2. Somewhat
3. No
95. I did not need this information

**QAfter\_Contact**

Were you told who to contact if you were worried about your condition or treatment after your appointment?

1. Yes
2. No
95. I did not need this information

**[PAGE BREAK]**

**Your overall view of your clinic appointment****INTRO\_Overall**

The next questions are about your overall view of your recent appointment at the **[CLINIC NAME]**. Please think about all the aspects of your appointment including those we have covered in previous questions and any other aspects that are important to you.

**QOverallQuality**

Overall, do you feel the quality of the treatment and care you received was:

1. Very good
2. Good
3. Average
4. Poor
5. Very poor

**OE\_Disclaimer****[READ ONLY]**

Your responses to this survey are anonymous – please be careful NOT to give information in your comments to the following questions that might identify you (such as dates, names, contact information).

**QBetter\_OE****[OPEN END]**

What would have made your appointment better?

*Please describe, in as much detail as possible...*

**QStrength\_OE****[OPEN END]**

What about your appointment went well?

*Please describe, in as much detail as possible...*

**[PAGE BREAK]**

## Access to outpatient care in previous 12 months

### QAccess

In the last 12 months, was there ever a time when you had an appointment at the [CLINIC NAME] that you didn't attend?

1. Yes
2. No
- 98 Can't remember / don't know

### QBarriers

[ASK IF QAccess=1]

[RANDOMISE, ANCHOR 97. ANOTHER REASON TO BOTTOM]

Why did you not attend the appointment(s)?

*Please select all that apply*

1. Time wasn't suitable
2. Difficult to take time off work
4. Fear of catching COVID-19 or getting sick by visiting in person
5. Did not get a reminder about it
9. Had no transport to get there
12. Sick, injured or already in hospital
13. Appointment was cancelled or rescheduled
14. Forgot or got the time wrong
97. Another reason (please tell us why)

[PAGE BREAK]

## About you

[SHOW HEADING]

## Health Questions

[DO NOT SHOW HEADING]

### INTRO\_WGSS

The questions that follow are about difficulties you may have doing certain activities because of a health condition.

### WGSS1

Do you have difficulty seeing, even if wearing glasses?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

### WGSS2

Do you have difficulty hearing, even if using a hearing aid?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

### WGSS3

Do you have difficulty walking or climbing steps?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

**[PAGE BREAK]**

### WGSS4

Do you have difficulty remembering or concentrating?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

### WGSS5

Do you have difficulty washing all over or dressing?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

### WGSS6

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

1. No - no difficulty
2. Yes - some difficulty
3. Yes - a lot of difficulty
4. Cannot do at all

**[PAGE BREAK]**

## Final demographics

**[DO NOT SHOW HEADING]**

### INFO\_END

**[DO NOT SHOW HEADING]**

Some final questions about yourself. These will help us to see how experiences vary between different groups of the population. This information will not be used to identify you or affect any services you receive.

### INFO\_ABOUT

**[DO NOT SHOW HEADING]**

**[IF 'On behalf of someone else' at QWho\_Answers]**

If you are answering on behalf of a patient, please complete this section using their details.

**Qgender**

What is your gender?

1. Male
2. Female
3. Another gender

**QLGBTQ**

Which of the following options best describes how you think of yourself?

1. Straight or heterosexual
2. Gay or lesbian
3. Bisexual
4. Other
97. Don't know
98. Prefer not to answer

**[PAGE BREAK]**

**Survey Feedback**

Thank you, you have now completed all of the questions about your outpatient experience.

**QFeedback\_trigger**

If you would like to provide feedback on the survey, we would like to hear what you think.

*Would you like to provide feedback on the survey?*

1. Yes **[GO TO QFEEDBACK]**
2. No **[SURVEY COMPLETE MESSAGE]**

**QFeedback**

**[ASK IF QFeedback\_trigger=1]**

**[GRID QUESTION]**

Please indicate whether you agree or disagree with each of the following statements about your experience answering this survey.

**[SCALE]**

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

**[STATEMENTS]**

- **QFeedback\_1**  
I would participate if I was invited to this kind of survey again.
- **QFeedback\_2**  
The survey was visually appealing.
- **QFeedback\_3**  
I found this survey easy to understand.

### QFeedback\_OE

**[ASK IF QFeedback\_trigger=1] [OPEN END]**

Any other comments about the survey you would like to give us? Your feedback can help us make improvements.

**[PAGE BREAK]**

### Thank you

**[SHOW HEADING]**

**[MESSAGE IS BESPOKE FOR EACH DISTRICT DEPENDING ON THEIR PREFERRED METHOD OF CONTACT]**

Thank you

Thank you for your valuable time and feedback. You have now finished the adult hospital outpatient experience survey.

Your feedback, along with that from others who have completed the survey, will be used to help us understand what went well and how we can improve the quality of the services we provide.

This survey covered a number of different aspects of your recent outpatient appointment. If this survey has raised concerns about your experience, please **[follow the link below OR email us at ...]**

Thanks again.