



PATIENT QUESTIONNAIRE ON THE SURGICAL EMERGENCY UNIT (SEU)

The aim of this survey is to capture the experiences of patients using NHS services. We will use the information that you give us to help shape and improve the care we commission in Oxfordshire.

Thinking about your recent experience at the John Radcliffe Hospital, please answer the following questions.

Section One: The Referral ———————————————————————————————————				
1. How were you referred to the Surgical Emergency Unit? (please tick one)				
I contacted my GP and they referred me there				
I went to a hospital Emergency Department and was referred from there (please specify which hospital Emergency Department)				
I was sent from a hospital ward (please say which ward in which hospital)				
Other (please specify)				
2. When you were referred to the Surgical Emergency Unit, how quick was the referral process? (please tick one) Quick Neither Quick nor Slow Slow				





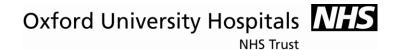
Section Two: First Going to the Hospital				
3. Was it clear what was happening when you were on your way to the John Radcliffe Hospital?				
(please tick one)				
☐ Yes ☐ To some extent ☐ No				
4. How did you get to the John Radcliffe Hospital? (please tick one)				
☐ Car ☐ Bus ☐ Taxi ☐ Ambulance				
Other (please state)				
5. How was the journey to the John Radcliffe? (please tick one) Basy OK Difficult				
Section Three: In the Hospital ————————————————————————————————————				
6. How would you rate the cleanliness of the environment? (please tick one)				
Excellent Good Average Poor				
7. Do you think the hospital staff did everything they could to help control your symptoms? (please tick one)				
Yes, definitely Yes, to some extent No				



8. Was it clear what was happening to you during your stay on the Surgical Emergency Unit? (please tick one)					
Yes, definitely	Yes, to some extent	☐ No			
9. Were you happy with your care on the Surgical Emergency Unit? (please tick one)					
Yes, definitely	Yes, to some extent	☐ No			
10. Do you feel you were treated with dignity and respect during your visit? (please tick one)					
Yes, definitely	Yes, to some extent	□ No			
11. How would you rate your overall experience at the John Radcliffe Hospital? (please tick one)					
☐ Excellent ☐ OK	☐ Average	☐ Poor			
Section Four: Leaving the Hospital					
12. Was it clear what was happening when you were discharged from the John Radcliffe Hospital? (please tick one)					
Yes, definitely	Yes, to some extent	☐ No			



13. How did you get home from the John Radcliffe Hospital? (please tick one)						
Car	Bus	Taxi	Ambulance			
Other (please state)						
14. How was your jour	ney home? (please tick	one)				
Easy	□ ок		Difficult			
15. Did you feel you had all the information you needed when leaving hospital? (please tick one)						
Yes, definitely	Ye	s, to some extent	No			
16. Is there anything el	lse you would like to let	us know?				



We may wish to speak to you about your experience. If you would be happy for us to do this please leave your name and telephone number here.	
Name	
Phone number	

Thank you for taking the time to complete the questionnaire. Please return this form in the envelope provided, no stamp is required.

For further information or to discuss any queries you may have, please contact:

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