



# Adult hospital inpatient 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.

No questions are compulsory.

## Kia ora

### [SHOW HEADING]

Thank you for taking part in this important survey about your recent hospital visit. Your feedback will help us understand what went well and if there is anything that we could have done better.

This survey is about your most recent visit in the hospital. Please do not include any other hospital visits in your answer.

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 'Someone else unable to answer this survey']

[MULTIPLE CHOICE]

Which of the following reasons best describes 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*

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

[PAGE BREAK]

## Initial demographics

[DO NOT SHOW HEADING]

### INFO\_ABOUT

[DO NOT SHOW HEADING]

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

[ASK IF WHO\_answers=2 'Someone else unable to answer this survey']

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

## Your care from your health care team

[SHOW HEADING]

### INFO\_HCT

[DO NOT SHOW HEADING]

Now we are going to ask you to reflect on your experiences with the doctors, nurses and the wider health care team during your hospital visit. When thinking about the wider health care team, this includes support staff and specialists within the hospital such as occupational therapists, physiotherapists, dieticians and other health care professionals.

### QHCT\_listen

[SINGLE CHOICE MATRIX]

During your most recent hospital visit...

- **QHCT\_listen\_dr** Did the doctors listen to your views and concerns?
- **QHCT\_listen\_nurse** Did the nurses listen to your views and concerns?
- **QHCT\_listen\_Other** Did other members of your health care team listen to your views and concerns?

[GRID SCALE]

1. Yes, always
2. Sometimes
3. No
95. I did not have contact with them

[SURVEY MARKED AS COMPLETE IF ANSWERED QHCT\_listen]

### QHCT\_informed

Were you kept informed as much as you wanted to be about your treatment and care?

1. Yes, always
2. Sometimes
3. No
95. I was unable to be informed

### QHCT\_understood

Did your health care team explain what was going on during your visit in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No

[PAGE BREAK]

**QHCT\_involve**

Were you involved as much as you wanted to be in making decisions about your treatment and care?

1. Yes, always
2. Sometimes
3. No
95. I did not want to be involved
99. I was unable to be involved

**QHCT\_involve\_OE**

**[ASK IF QHCT\_INVOLVE= (2 'Sometimes' OR 3 'No')]**

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

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

**[OPEN END]**

**QHCT\_askquestions**

Did you feel comfortable to ask any questions you had?

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

**[PAGE BREAK]**

**QHCT\_conflict**

Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?

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

**QHCT\_name\_pronounce**

Was your name pronounced properly by those providing your care?

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

**QHCT\_name\_ask**

Did those involved in your care 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]****QHCT\_respectkind****[SINGLE CHOICE MATRIX]**

While you were in the hospital...

- **HCT\_respect\_dr** Did the doctors treat you with respect and kindness?
- **QHCT\_respect\_nurse** Did the nurses treat you with respect and kindness?
- **QHCT\_respect\_other** Did other members of your health care team treat you with respect and kindness?

**[GRID SCALE]**

1. Yes, definitely
2. Somewhat
3. No
95. I did not have contact with them

**QHCT\_trust****[SINGLE CHOICE MATRIX]**

While you were in the hospital...

- **QHCT\_trust\_dr** Did you have trust and confidence in the doctors?
- **QHCT\_trust\_nurse** Did you have trust and confidence in the nurses?
- **QHCT\_trust\_other** Did you have trust and confidence in other members of your health care team?

**[GRID SCALE]**

1. Yes, definitely
2. Somewhat
3. No
95. I did not have contact with them

**[PAGE BREAK]**

## Your experiences in hospital

[SHOW HEADING]

### QH\_clean

Were the hospital rooms or wards (including bathrooms) kept clean?

1. Yes, always
2. Sometimes
3. No

### QH\_private

Were you given enough privacy when talking about your treatment or condition?

1. Yes, definitely
2. Somewhat
3. No

### QH\_help

Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?

1. Yes, always
  2. Sometimes
  3. No
95. I did not need or want help from staff

### QH\_handsanitise

Did you see hospital staff wash or sanitise their hands before touching you?

1. Yes, always
  2. Sometimes
  3. No, I did not see this
98. Unsure / don't know  
95. Not applicable

[PAGE BREAK]

**QExp\_needs****[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 this hospital visit...*

- **QExp\_needs\_1** Did you feel your cultural needs were met?
- **QExp\_needs\_2** Did you feel your spiritual needs were met?
- **QExp\_needs\_3** Did you feel your individual needs were met?

**[GRID SCALE]**

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, did you have the equipment you needed, 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

**QExp\_needs\_OE**

**[ASK IF ANY QExp\_needs\_1/2/3 OR QAccessibility = (2 'Somewhat' OR 3 'No')]**

**[OPEN END]**

How could your needs have been better met?

*Please explain, in as much detail as possible. If all your needs were met, please click the Next button to continue.*

**[PAGE BREAK]****QFam\_discuss**

Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?

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



**QMed\_pain**

During this hospital visit, did you receive pain relief that met your needs?

1. Yes, always
2. Sometimes
3. No
95. I did not need pain relief

**[PAGE BREAK]**

**Your surgery or operation(s)**

**[SHOW HEADING]**

**Qsurg**

During your visit in hospital, did you have an operation or surgery?

1. Yes
2. No
98. Don't know

**QSurg\_before**

**[ASK IF QSurg=1 'Yes']**

Before the operation(s), did staff help you to understand what would happen and what to expect?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

**QSurg\_after**

**[ASK IF QSurg=1 'Yes']**

After the operation(s), did staff help you to understand how it went?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

**[PAGE BREAK]**

**When you left the hospital**

**[SHOW HEADING]**

**QDischarge\_Ready**

Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?

1. Yes, definitely
2. Somewhat
3. No

**QDischarge\_inform**

Did you have enough information about how to manage your condition or recovery after you left hospital?

1. Yes, definitely
2. Somewhat
3. No
4. I was not given any information
95. I did not want or need any information

**QDischarge\_inform\_OE**

**[ASK IF QDischarge\_inform = (2 'Somewhat' OR 3 'No' OR 4 'I was not given any information')]**

**[OPEN END]**

What information did you **not get** that you would have liked?

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

**[PAGE BREAK]**

**QMed\_purpose**

Were you told what the medicine (or prescription for medicine) you left the hospital with was for?

1. Yes, definitely
2. Somewhat
3. No
95. I was not given any medicine (or prescription for medicine) when I left hospital

**QMed\_sideeffect**

**[ASK IF QMed\_purpose=(1 'Yes, definitely' OR 2 'Somewhat' OR 3 'No')]**

Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?

1. Yes, definitely
2. Somewhat
3. No
95. They did not need to, because I already knew the side effects
96. I was not given any medicine (or prescription for medicine) when I left hospital

**QDischarge\_Help**

Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

1. Yes, definitely
2. Somewhat
3. No
95. Did not apply to me

**[PAGE BREAK]**

## Your overall view of your hospital visit

[SHOW HEADING]

### Qdiscrim

[MULTIPLE CHOICE]

When you were in hospital 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
2. Your skin colour
3. Your race or ethnic group
4. Your sex
5. Your gender identity
6. Your age
7. A disability or physical health condition you have
8. A mental health condition you have
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]
2. No [IF QDISCRIM=1 OR 98]

### QDiscrim\_OE

[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. If you were not treated unfairly, please click the Next button to continue*

[PAGE BREAK]

**INTRO\_Overall**

The next questions are about your overall view of your latest hospital visit. Please think about all the aspects of your visit including those we have covered in the previous questions and any other aspects that are important to you.

**QOverall\_Quality**

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 that might identify you (such as dates, names, contact information).

**QHS\_Better\_OE****[OPEN END]**

What would have made your visit in hospital better?

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

**QHS\_Strength\_OE****[OPEN END]**

What about your visit in hospital went well?

*If there is someone whom you would like to recognise for a job well done, please feel free to include their name (if you remember it) and what they did well below. Please describe, in as much detail as possible...*

**QFloating\_OE****[OPEN END]**

Were there any other important parts of your experience that are not covered by the questions in this survey?

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

**[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]

### INTRO\_WGSS

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

#### 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

**QWGSS\_Aggregate (HIDDEN)**

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

Has a disability based on WGSS

1. Yes **[IF WGSS1 OR WGSS2 OR WGSS3 OR WGSS4 OR WGSS5 OR WGSS6=3-4]**
2. No

**[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]**

**[ASK IF WHO\_answers=2 'Someone else unable to answer this survey']**

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
97. Other
98. Don't know
99. Prefer not to answer

**[PAGE BREAK]**

**Questionnaire Completed**

**[DO NOT SHOW HEADING]**

**Recontact**

**[IF DISTRICT HAS REQUESTED CUSTOM THANK YOU, GO TO CUSTOM TEXT ]  
[FOR ALL OTHER DHBs PATIENTS]**

Your answers are used to help improve our care and services.

This survey covered a number of issues and possible areas of concern regarding your recent hospital visit. If there is anything that you would like to add to your answers or talk to someone at the district about, please let us know below.

**Intro\_Recontact**

Would you like someone to contact you to discuss your feedback in this survey?

1. No thanks
2. Yes, I would like someone to contact me to discuss my feedback or health experience

**Recontact\_share**

**[ASK IF Intro\_Recontact=2]**

Are you happy for the person contacting you to see a copy of your survey response? This means that your response will no longer be anonymous.

1. Yes, I am happy for them to see a copy of my survey response
2. No, I do not want them to see my survey response, I would like it to remain anonymous

### Recontact\_details

[ASK IF Intro\_Recontact=2]

Please provide the following contact details and we'll get in touch with you as soon as possible.

First name: [100 CHAR]

Last name: [100 CHAR]

Phone number: [NUMERICAL]

Email: [CHECK EMAIL]

[CONFIRM EITHER PHONE NUMBER OR EMAIL INCLUDED IF NEITHER SHOW ERROR MESSAGE "If you would like someone to follow-up with you about your hospital visit, please provide relevant contact information."]

### Recontact\_Reason

[ASK IF Intro\_Recontact=2] [OPEN END]

Please provide some information on what you would like to talk to us about. We can then ensure the right person at the district contacts you.

[PAGE BREAK]

## Survey Feedback

Thank you, you have now completed all of the questions about your hospital inpatient 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
2. No

### QFeedback

[ASK IF QFeedback\_trigger=1] [SINGLE CHOICE MATRIX]

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

- **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

[GRID SCALE]

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



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

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

**[OPEN END]****[PAGE BREAK]****Thank you****[SHOW HEADING] [CLOSING PAGE]**

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

You can see how other people have responded to this survey, and where their experience is similar and different to yours, [here](#).

**[DHB SIGNATORY] [LOGOS]****CUSTOM THANK YOU NOTES INSTEAD OF RECONTACT QUESTION FOR DISTRICTS WHO HAVE REQUESTED THIS****RECONTACT\_CANTERBURY ONLY****[FOR Canterbury DHB PATIENTS ONLY: {DhbServiceID}= 121]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<http://www.cdhb.health.nz/About-CDHB/Pages/Feedback-Form.aspx>.

Thanks again.

**RECONTACT\_HB ONLY****[FOR Hawkes Bay DHB PATIENTS ONLY: {DhbServiceID}=61]****Tenā koe**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<http://www.ourhealthhb.nz/connect-with-us-2/>

Ngā mihi nui

**RECONTACT\_STHRN ONLY****[FOR Southern DHB PATIENTS ONLY: {DhbServiceID}=160]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.southernhealth.nz/contact-us/southern-dhb-feedback>

Thanks again.

**RECONTACT\_NM ONLY****[FOR NELSON MARLBOROUGH PATIENTS ONLY: {DhbServiceID}=101]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.nmdhb.govt.nz/patients-and-visitors/patients-rights-and-privacy/feedback>

Thanks again.

**RECONTACT\_LAKES ONLY****[FOR LAKES PATIENTS ONLY: {DhbServiceID}=42]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [feedback@lakesdhb.govt.nz](mailto:feedback@lakesdhb.govt.nz)

Thanks again.

**RECONTACT\_WAIKATO ONLY****[FOR WAIKATO PATIENTS ONLY: {DhbServiceID}=31]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [feedback@waikatodhb.health.nz](mailto:feedback@waikatodhb.health.nz)

Thanks again.

**RECONTACT\_SOUTH CANTERBURY ONLY****[FOR SOUTH CANTERBURY PATIENTS ONLY: {DhbServiceID}=123]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.scdhb.health.nz/info-for-you/complaints-compliments-and-suggestions>

**RECONTACT\_COUNTIES MANUKAU ONLY****[FOR COUNTIES MANUKAU PATIENTS ONLY: {DhbServiceID}= 23]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please contact our Feedback Central Team. A web form and their contact details can be found at: <https://www.countiesmanukau.health.nz/contact-us/feedback-form>

Thanks again.

**RECONTACT\_WEST COAST ONLY****[FOR WEST COAST PATIENTS ONLY: {DhbServiceID}= 111]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:  
<https://www.wcdhb.health.nz/about-us/contact-us/contact-form/?FeedbackType=complaint>

Thanks again.

**RECONTACT\_BAY OF PLENTY ONLY****[FOR BAY OF PLENTY PATIENTS ONLY: {DhbServiceID}=47]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [myfeedback@bopdhb.govt.nz](mailto:myfeedback@bopdhb.govt.nz)

Thanks again.

**RECONTACT\_CAPITAL & COAST ONLY****[FOR C&C PATIENTS ONLY: {DhbServiceID}= 91]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.ccdhb.org.nz/contact-us/feedback-suggestions-complaints-and-compliments/>

Thanks again.

**RECONTACT\_HUTT VALLEY ONLY****[FOR HUTT VALLEY PATIENTS ONLY: {DhbServiceID}= 92]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.ccdhb.org.nz/contact-us/feedback-suggestions-complaints-and-compliments/>

Thanks again.

**RECONTACT\_WHANGANUI ONLY****[FOR WHANGANUI PATIENTS ONLY: {DhbServiceID}= 82]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [contact@wdhb.org.nz](mailto:contact@wdhb.org.nz)

Thanks again.

**RECONTACT\_WAIRARAPA ONLY****[FOR WAIRARAPA PATIENTS ONLY: {DhbServiceID}= 93]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [quality@wairarapa.dhb.org.nz](mailto:quality@wairarapa.dhb.org.nz)

Thanks again.

**RECONTACT\_MIDCENTRAL ONLY****[FOR MIDCENTRAL PATIENTS ONLY: {DhbServiceID}= 81]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [feedback@midcentraldhb.govt.nz](mailto:feedback@midcentraldhb.govt.nz)

Thanks again.

**RECONTACT\_AUCKLAND ONLY****[FOR AUCKLAND PATIENTS ONLY: {DhbServiceID}= 22]****Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns about your experience, please follow the link below:

<https://www.adhb.health.nz/contact-and-feedback/compliments-and-complaints/>

Thanks again.

**RECONTACT\_NORTHLAND ONLY**

**[FOR NORTHLAND PATIENTS ONLY: {DhbServiceID}= 11]**

**Thank you.**

Thank you for your valuable time and feedback. You have now finished the adult hospital inpatient 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 inpatient visit. If this survey has raised concerns for you, please email us at: [quality.feedback@northlanddhb.org.nz](mailto:quality.feedback@northlanddhb.org.nz)

Thanks again.