

[add Trust logo]

A patient survey to find out the experiences of Parkinson's patients when they have stayed in hospital

This survey is part of a project that aims to improve the experiences of people with Parkinson's when they are in hospital. In particular it looks at whether you got your Parkinson's drugs on time.

The results of this survey will be used with other data to improve the management of medicines for patient with Parkinson's in [name of trust].

All of the data we get from this survey will be treated as **confidential**.

How to complete this survey

Most of the questions ask you to tick a box when you choose your answer. There are also other questions that ask for your opinion. Please feel free to be open and honest about your experiences.

Please return the questionnaire to [add details]. We would be very grateful if you could do this by [add date].

Thank you for your time and help in filling in this survey.

[Name of hospital contact]

SECTION A

Your details

Gender

Male

Female

Age

Are you completing this form yourself?

Yes

No

SECTION B:

Your admission to hospital

1) Was your admission to hospital related to your Parkinson's disease?

Yes If yes, please answer question 2

No

2) The reason for your admission was:

Fall

Fall resulting in fracture

Difficulty coping at home

Worsening Parkinson's symptoms

Urine infection

Constipation

Other (please specify)

.....

3) Did you feel confident that the staff caring for you knew enough about Parkinson's?

Yes

No

If no, please give reasons

.....
.....
.....
.....

4) Following your admission to hospital, have you seen a Parkinson's specialist doctor or specialist nurse?

Yes

No



Section C

How your Parkinson's medication was managed during your stay

- 5) Did you bring a supply of your Parkinson's medication into hospital with you?

Yes

No

- 6) Was your medication placed in a green plastic bag by the ambulance or emergency staff?

Yes

No

- 7) Do you know if your medication was reviewed within 24 hours of you coming into hospital?

Yes

No

- 8) Did a pharmacist ever speak to you or a relative about your Parkinson's medication?

Yes

No

9) Did nursing staff talk to you or a relative about administering your own medication using the locker by your bed?

Yes

No

10) Were there any problems with the supply of your Parkinson's medication at any time during your stay?

Yes

No

11) Did a relative ever need to bring in supplies of your Parkinson's medication from home, other than when you first came into hospital?

Yes If yes, please answer the question below

No

Please specify the name of the medication that was brought in.....

12) Did you miss any of your Parkinson's medication during your stay in hospital?

Yes If yes, please answer question 13 below

No

13) Do you know the reasons why your dose was missed?

Yes

Please state the reason

.....

No

14) Were your doses given at your normal times?

Always

Most of the time

Sometimes

Never

15) Did your missed or late doses affect your Parkinson's symptoms?

Yes

No

No missed or late doses

16) Please specify how this affected you:

- Worsening tremor
- Worsening stiffness
- Reduced mobility
- Reduced independence
- Longer time in hospital
- Need for increased care package at home

Other (please specify).....
.....
.....
.....
.....

17) Are you aware of the Parkinson's UK 'Get it on time' campaign?

- Yes
- No

If you would like further information, please contact Parkinson's UK on 0808 800 0303 (freephone helpline - calls are free from UK landlines and most mobile networks).

18) Are you satisfied with the management of your Parkinson's medication during your stay in hospital?

Yes

No Please comment

.....
.....

19) Were you advised on how to complain or report an incident?

Yes

No Please comment

.....
.....

We would be grateful for any further comments you may have.

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.....
.....
.....
.....

Thank you for taking part in this survey.

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Questionnaire based on work from Essex Rivers Healthcare NHS Trust

