

Patient questionnaire about hospital meals



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



About this questionnaire

The Wales Audit Office is undertaking a review of hospital catering in Wales to find out whether hospitals in Wales are delivering good catering services, which help patients' recovery.

We are seeking patient's views about the choice of meals, the quality of meals, availability of help with eating and the eating environment.

Who should complete this questionnaire?

If you have stayed in a Welsh hospital and have eaten hospital food within the last 12 months, please complete this short questionnaire.

If someone you care for has stayed in hospital within the last 12 months, you may fill out this questionnaire for them, but please ask for their permission first.

We will not ask you for your name or any information which will identify you.

About the Wales Audit Office

We are an independent audit organisation that reviews NHS organisations in Wales. We will use the findings from this survey to inform NHS organisations about what they are doing well and what they need to improve on.

Submitting this questionnaire

Please send completed questionnaires to us using the Freepost address below:

Wales Audit Office
Freepost RRBH-GZXC-XGHC
Cathedral Road
Cardiff
CF11 9LJ



If you have any questions about the questionnaire, please telephone Katrina Febry on 029 2032 0616 or send an email to katrina.febry@wao.gov.uk.

Please return this questionnaire by 30 April 2010

Please fill in this questionnaire only if you have stayed in hospital and eaten hospital food in the last 12 months. If you have stayed in hospital more than once in that period, please tell us about your most recent stay in hospital.

We are only interested in the food provided on the wards: we are not interested in the food provided in the canteen.

About you

- 1 Which hospital did you stay in?
- 2 Which ward did you stay in?
- 3 How long did you stay / or expect to stay in hospital for on this occasion? (Day one being the day you entered hospital, and the last day being the day you were discharged)
- Less than 1 day 2 - 3 days 4 - 7 days
 8 - 14 days More than 2 weeks

Your health needs

- 4 Were you weighed during your stay at hospital?
 Yes No Not sure
- 5 Was your height measured during your stay in hospital?
 Yes No Not sure
- 6 Did a member of the hospital staff talk to you about your dietary needs? (For example, nutritional supplements, sugar free food, or low-fat food, etc)
 Yes No Not sure
- 7 Were you given food that was suitable to your dietary needs? (For example, nutritional supplements, sugar free food, or low-fat food, etc)
- I did not require a special diet Yes, always Yes, most of the time
 Rarely Never Don't know

Menu

- | | Yes, always | Yes, most of the time | Rarely | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8 Could you understand the menu? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you recognise the food options on the menu? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there enough choice on the menu? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you able to choose your portion size? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 9 Did the menu change often enough? (for example, you didn't see the same food options every few days)
- Yes, always Yes, most of the time Rarely
 Never I was not in hospital long enough to tell



10 Was there enough menu choice to suit your religious beliefs?

Yes, always Yes, most of the time Rarely
Never I have no beliefs which require a special diet

11 If you are a vegetarian or vegan, was there enough choice to meet your needs?

Yes, always Yes, most of the time Rarely
Never I am not vegetarian or a vegan

12 If you have a food allergy, was there enough choice to meet your needs?

Yes, always Yes, most of the time Rarely
Never I do not have a food allergy

13 How did you choose what meals to eat?

I filled in a form I told a member of staff I chose food from a trolley
Other A family member chose for me There was no choice

14 When did you choose what to eat?

Before the day of a meal On the day of the meal
From the trolley There was no choice

Hygiene and Comfort

15 Were you able to wash your hands before you ate your food?

Yes, always Yes, most of the time Rarely Never

16 Did a member of staff help you get comfortable before you ate your food?

Yes, always Yes, most of the time Rarely Never
I did not need help to get comfortable

17 Where did you eat most of your meals?

In bed In a chair near your bed In a communal dining area Other

18 Was the area where you ate your food clean and tidy?

Yes, always Yes, most of the time Sometimes Never

Help when eating

19 If you needed eating aids, were you provided with them? (for example, special cutlery or non-slip mats etc)

Yes, always Yes, most of the time Rarely Never
 I did not need them

20 If you needed help when eating, were you given it?

Yes, always Yes, most of the time Rarely Never
 I did not need help

21 If someone helped you to eat your food, who was it?

Family member Friend Carer/volunteer Nurse
 I did not need help

22 If someone helped you to eat, was this soon enough after your food had arrived?

Yes, always Yes, most of the time Rarely Never
 I did not need help

Your Meal

	Yes, always	Yes, most of the time	Rarely	Never
23 Were you happy with the time your meals were served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your meals free from disturbance by nurses or doctors treating or assessing you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you given enough time to finish your meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you missed a meal, was a replacement provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you always get the meal you ordered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was fresh fruit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were drinks available between meal times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were snacks available between meal times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was fresh water available throughout the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your food served at the temperature you would have expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24 Were you given enough food to eat?

Yes, too much Yes No, not enough

How would you rate?

Excellent Good Acceptable Poor Very Poor

25 The taste of the food you were given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appearance of the food you were given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The healthiness of the food you were given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall satisfaction with the food you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

If there is anything else you would like to tell us about your experiences of food served in hospitals in Wales please do so in the space below.

26 Is there anything particularly good about the food or the catering services you received?

27 Is there anything that can be improved?

28 Any other comments?

Thank you very much for your help by completing this questionnaire