

## **PATIENT WELLNESS QUESTIONNAIRE FEEDBACK**

We'd like to get your opinion on the questions you were asked about your health during this study. You will read some statements that describe the questions. Please indicate your agreement or disagreement with the following statements by circling your response on the scale. Please leave any comments about your decision in the 'further comments' box below.

### **How are you feeling?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Very poor	Poor	Fair	Good	Very good

### **I understood what this question was asking me**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly Disagree	Disagree	Neither agree or Disagree	Agree	Strongly Agree

Further comments eg. What you thought this question was asking you about

**I was comfortable with answering this question**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly Disagree	Disagree	Neither agree or Disagree	Agree	Strongly Agree

Further comments

**How are you feeling compared to the last time I asked you?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Much better	Better	No change	Worse	Much worse

**I understood what this question was asking me**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly Disagree	Disagree	Neither agree or Disagree	Agree	Strongly Agree

Further comments eg. What you thought this question was asking you about

**I was comfortable with answering this question**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Strongly Disagree	Disagree	Neither agree or Disagree	Agree	Strongly Agree

Further comments

## STUDY FEEDBACK

In the next section we'd like to ask you some more general questions about how you found taking part in the study. Please write your responses in the text boxes.

1. How did you feel about how often you were asked the questions?

2. Did you ever feel like you didn't want to answer the questions when you were asked? Please tick one box.

Yes

No

3. If you answered yes, why did you not feel like answering the questionnaire?

**4. Will the answers you give to these questions about how you are feeling help staff to recognise if you are getting more unwell in hospital?**

**5. During your stay in hospital, did you notice any changes in your health or wellness?**

**Yes**

**No**

**Don't know**

**6. If you answered yes, what changes in your health or wellness did you notice?**

**7. Were you concerned about these changes?**

**Yes**

**No**

**Don't know**

**8. If you answered yes, why were you concerned?**

**9. Who did you tell about these changes in your health or wellness and how did they respond?**