



NCHI questionnaire

We are aware that it's not unusual after an illness to feel lethargic and unwell especially if the illness has been severe and life threatening. Sometimes feeling unwell can remain for months, even years but in regards to healthcare infections there is little understanding of the extent of post-infection ill health.

This is a list of questions designed to give us as much information as possible, to enable us to give you the most informative advice we can to help support your road to recovery and also provide us with information on how widespread and severe post-infection ill health is. This will enable us to raise awareness of the needs and care of healthcare infection survivors.

If you do not wish to complete the online questionnaire form but would still like to take part then please download the form here now PDF

The Information provided will be treated in the strictest of confidence. It will only be held by the nominated Data Controller, in accordance with the Data Protection Act 1998, who in this organisation is the Secretary/Administrator and the information will not be passed to any third party without permission. Please acknowledge by adding your name here.

Where answers are 'yes or 'no' please circle the right one or cross out the inappropriate one.

Thank you for your time.

Patient details

- 1. Male/Female (please circle/or cross out the incorrect answer)
2. What Infection did you contract?

What Date... __/__/__. How old were you then?.....

- 3. Ethnic Group please tick:-

British (white) Other white background White/Black Caribbean
White/Black African Asian Indian Any other group

- 4. Are you the patient or relative?.....

Clinical Details - Pre admission

- 5. what condition/illness did you/the patient have prior to the infection
.....

- 6. Were you/the patient prescribed antibiotics prior to admission?

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Yes.....No.... (Please circle)

7. Were you/the patient on any other immunosuppressive treatment
(e.g. treatment that you have been informed would weaken your immune system and lower your resistance
To infection?)
-

8. Do you/the patient believe your immunity was low the week prior to this infection (e.g. were you
recovering from another infection or illness? If YES, please give details...

Yes....No.... (Please circle).

Details.

.....

Questions on Admission

9. What were hygiene compliance standards on your ward? (Please circle)

Environmental.

Hand Hygiene.

10. Where you/the patient given any information once the infection
was diagnosed?

Yes....No.... (Please circle)

11. What infection control measures were used:

EG: Barrier Nursing

Isolation

Other

12. Were you/the patient visited by the infection control team?

Yes....No.... (Please circle)

13. How long was your/the patient's stay in hospital?

14. Did anyone discuss with you/the patient the after care when leaving the hospital?

Yes....No.... (Please circle)

Discharge

15. How long ago did you/the patient leave hospital?

.....

16. How did you/the patient feel?

.....

17. can you/the patient describe how they are feeling now, what are the current symptoms?

.....

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18. What impact is this having on your/the patients life?

.....

19. How has your illness affected family or friends in anyway – eg time out of work to care, financial difficulties, long distance travelling, health etc?

.....

20. Have the symptoms improved or become worse?

.....

21. Has it affected your/the patients eating habits?

.....

22. Has anyone informed you/the patient about nutrition?

.....

23. Please add anything here that you feel might be of any relevance.

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

24. How did you hear about **NCHI**

Thank you for completing this form and we do apologise if these questions have upset you. But every answer will be extremely useful.

**Please return to:
NCHI
10 Smiths Lane
Hindley Green
Wigan WN2 4XR**

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