

Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

**Ref:** FOI-122023-000490

**Date:** 09/05/2024

**Address / Email:**

Dear

**Request Under Freedom of Information Act 2000**

Thank you for requesting information under the Freedom of Information Act 2000.

**Request**

**Please provide a list of all gender options you list on patient forms.**

**Response**

**Please see response below.**

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager  
Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ  
Email: [dgft.dpo@nhs.net](mailto:dgft.dpo@nhs.net)

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Tel: 0303 123 1113  
[www.ico.org.uk](http://www.ico.org.uk)

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team  
The Dudley Group NHS Foundation Trust**



Please tick the box that matches your feelings about our Inpatient Service



The Dudley Group  
NHS Foundation Trust

Are you:  Patient  Relative  Carer

Date of completion: .....

	Strongly Agree	Agree	Disagree	Strongly Disagree	Neither agree or disagree
I was treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved in decisions about my care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with enough information about my condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt staff were understanding of my individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The environment in which I received my care was comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

While the Friends and Family Test is anonymous, we would appreciate a little information about you.

What is your sex:  Male  Female  Prefer not to say

What is your age:  0-15  16-24  25-34  35-44  45-54  55-64  65-74  75-84  85+

What is your ethnic group:

White  Mixed/multiple ethnic groups  Other ethnic group

Asian/Asian British  Black/Black British/African/Caribbean  Prefer not to say



Your ward: .....

Thinking about your recent visit to the hospital, overall,  
how was your experience of our service?

	Very Good	Good	Neither good nor poor	Poor	Very Poor	Don't Know
Please tick one box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was good about your visit? .....

.....

.....

What could have made it better? .....

.....

.....

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?  Yes, limited a lot  Yes, limited a little  No  Prefer not to say

Please tick this box if you DO NOT wish your comments to be made public