

## Patient Questionnaire Autumn 2007

**Ealing PCT are continuously trying to improve the quality of care that you the patient receive. We would like to take a few minutes of your time to ask you to think about your appointment today and answer a few questions. All information you provide will be confidential and no attempt will be made to identify you from the details you provide.**

**Q1 Which clinic or location were you seen at today? (Please tick one only)**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Home .....   | <input type="checkbox"/> | Hanwell Health Centre .....                | <input type="checkbox"/> |
| Acton Health Centre .....  | <input type="checkbox"/> | Jubilee Gardens Clinic .....               | <input type="checkbox"/> |
| Clayponds Rehabilitation unit .....  | <input type="checkbox"/> | Mattock Lane Health Centre .....           | <input type="checkbox"/> |
| Ealing Day treatment centre .....  | <input type="checkbox"/> | Ravenor Park Health Centre .....           | <input type="checkbox"/> |
| Ealing Hospital Rehab Service Department<br>(Including hydrotherapy) ..... | <input type="checkbox"/> | Tangmere Gardens Clinic .....              | <input type="checkbox"/> |
| Featherstone Road health Center .....                                      | <input type="checkbox"/> | Windmill Lodge .....                       | <input type="checkbox"/> |
| Greenford Green Clinic .....   | <input type="checkbox"/> | Other location (please specify below)..... | <input type="checkbox"/> |

**Q2 Which service/team was your appointment with? (Please tick one only)**

- |                              |                          |   |                          |
|------------------------------|--------------------------|---|--------------------------|
| ARISE team .....             | <input type="checkbox"/> | Phlebotomy .....  | <input type="checkbox"/> |
| Audiology .....              | <input type="checkbox"/> | Physiotherapy .....                                       | <input type="checkbox"/> |
| Counseling .....             | <input type="checkbox"/> | Podiatry .....  | <input type="checkbox"/> |
| Dietician Service .....      | <input type="checkbox"/> | Specialist Children's Services at Windmill<br>Lodge ..... | <input type="checkbox"/> |
| District Nurse Service ..... | <input type="checkbox"/> | Speech and Language Therapy .....                         | <input type="checkbox"/> |
| Family Planning .....        | <input type="checkbox"/> | TB service .....  | <input type="checkbox"/> |
| Health Visitor Service ..... | <input type="checkbox"/> | Other service (please specify below).....                 | <input type="checkbox"/> |
| Occupational therapy .....   | <input type="checkbox"/> |   |                          |

**Q3 Did the member of staff you had your appointment with introduce him or herself to you today? (Please tick one only)**

- |                          |                          |                                 |                          |
|--------------------------|--------------------------|---------------------------------|--------------------------|
| Yes .....                | <input type="checkbox"/> | No .....                        | <input type="checkbox"/> |
| No but I know them ..... | <input type="checkbox"/> | Don't know/can't remember ..... | <input type="checkbox"/> |

**Q4 Was the member of staff wearing a name badge today? (Please tick one only)**

- |           |                          |                                 |                          |
|-----------|--------------------------|---------------------------------|--------------------------|
| Yes ..... | <input type="checkbox"/> | Don't know/can't remember ..... | <input type="checkbox"/> |
| No .....  | <input type="checkbox"/> |                                 |                          |

**Q5 Did the member of staff ask permission before examining or treat you? (Please tick one only)**

- |           |                          |   |                          |
|-----------|--------------------------|---|--------------------------|
| Yes ..... | <input type="checkbox"/> | Don't know/not sure .....                 | <input type="checkbox"/> |
| No .....  | <input type="checkbox"/> | I was not examined or treated today ..... | <input type="checkbox"/> |

**Q6 At your appointment did you feel that the member of staff listened carefully to what you had to say? (Please tick one only)**

Yes .....  No .....   
To some extent .....  Don't know/can't remember .....

**Q7 Were you given enough information about your care or treatment? (Please tick one only)**

Yes .....  No .....   
I was given some information but would have liked more .....  Don't know/ can't remember .....   
Not applicable .....

**Q8 How involved did you feel in the decision about your care and/or treatment? (Please tick one only)**

Very involved  Involved  Not involved  Don't know/can't remember  Not applicable

**Q9 Were you given enough information /advice about what happen next? ( e.g. referral, treatment, when results will be available or next appointment) (Please tick one only)**

Yes, I was given enough information/advice ....  No, I was not given enough information/advice .   
Yes but I would have liked more information/advice .....  I did not need any further information/advice .....   
Don't know/ can't remember .....

**Q10 Were you able to overhear conversations with or about patients while waiting to be seen? (Please tick one only)**

Yes and I was not happy about this .....  No .....   
Yes and this was acceptable .....  Don't know/ can't remember .....

**Q11 Were other patients able to see you during your time spent with the health care professional? (Please tick one only)**

Yes and I was not happy about this .....  No .....   
Yes and this was acceptable .....  Don't know/ can't remember .....

**Q12 Did you feel confident that the room in which you were seen was completely private? (Please tick one only)**

I felt confident it was completely private .....  It was not private enough for my needs .....   
I was not sure if it was completely private .....  Don't know/ can't remember .....

**Q13 If you were being examined by a member of staff did they make an effort to cover your body from being seen? (Please tick one only)**

I was not examined .....  I was uncovered and this was OK .....   
Yes I was covered adequately .....  I was uncovered and this was unacceptable .....   
Yes but the staff could have done more .....  Don't know/ can't remember .....

**Q14 Do you recall if there was any discussion today or a previous appointment that in many of the services staff often work in teams? (Please tick one only)**

Yes .....  Don't know/ can't remember .....   
No .....  Not applicable .....   
No but I would have liked to discuss this .....

**Q15 Were you asked today or at a previous appointment if information about you could be shared with other health care professionals? (Please tick one only)**

- Yes .....  Don't know/ can't remember .....   
No .....  Not applicable .....   
No but I would have liked to discuss this .....

**Q16 Was there any discussion about what information you were happy to have shared with other health care professionals? (Please tick one only)**

- Yes .....  Don't know/ can't remember .....   
No .....  Not applicable .....   
No but I would have liked to discuss this .....

**Q17 Overall, did you feel that the staff treated you with respect today? (Please tick one only)**

- Yes .....  No .....   
Yes but could have done better .....  Don't know .....

**Q18 Any other comments you would like to make?**

### A few questions about you

**Q19 What is your age? (If you were not the patient, what is the age of the patient?)**  
(Please tick one only)

- Under 18 years .....  41 to 65 yrs .....   
18 to 40 yrs .....  Over 65 .....

**Q20 Are you? (If you were not the patient, what is the gender of the patient?) (Please tick one only)**

- Male .....  Female .....

**Q21 Which of the following best describes your ethnic origin? (Please tick one only)**

- |  |   |   |
|--|---|---|
| British ..... <input type="checkbox"/>                                 | Any other mixed background ..... <input type="checkbox"/> | Black African ..... <input type="checkbox"/>              |
| Irish ..... <input type="checkbox"/>                                   | Indian ..... <input type="checkbox"/>                     | Black British ..... <input type="checkbox"/>              |
| Polish ..... <input type="checkbox"/>                                  | Pakistani ..... <input type="checkbox"/>                  | Any other black background ..... <input type="checkbox"/> |
| Any other white European background ..... <input type="checkbox"/>     | Bangladeshi ..... <input type="checkbox"/>                | Chinese ..... <input type="checkbox"/>                    |
| Any other white Non-European background ..... <input type="checkbox"/> | Tamil ..... <input type="checkbox"/>                      | Japanese ..... <input type="checkbox"/>                   |
| White & Black Carribean ..... <input type="checkbox"/>                 | British Asian ..... <input type="checkbox"/>              | Arabic ..... <input type="checkbox"/>                     |
| White & Black African ..... <input type="checkbox"/>                   | Any other Asian background ..... <input type="checkbox"/> | Traveller ..... <input type="checkbox"/>                  |
| White & Asian ..... <input type="checkbox"/>                           | Black Carribean ..... <input type="checkbox"/>            | Any other background ..... <input type="checkbox"/>       |
|  |   | Not stated ..... <input type="checkbox"/>                 |

**Thank you for completing this questionnaire.**

**Please place it in the box provided on the reception desk or post it in the envelope provided to: Freepost RRBA-LLRZ-RGXH, Snap Surveys, 5 Mead Court, Cooper Road, Thornbury, Bristol, BS35 3UW.**