

Introduction

1. Which clinic or location were you seen at today?

(if you were seen at home, write "home")

2. Which service did you visit today?

(e.g. district nurse, physiotherapist, podiatrist)

3. How would you rate your overall experience of using this service today?

- Excellent
- Good
- Satisfactory
- Poor

4. If you needed any interpreting support was this provided/ offered for you?

- Yes
- No
- Yes, by a personal friend or relative
- Not applicable

5. This survey has been completed by...

- Myself
- Parent/guardian
- Carer
- Support worker
- Interpreter
- Health care professional
- Other

Access and waiting

6. Were you seen on time (or within the time period given) today?

- Yes (go to Q8)
- No (go to Q7)
- Not applicable (go to Q8)

7. Did someone tell you how long you would have to wait?

- Yes
- No, but I would have liked to have been told
- No, but I did not mind
- Not sure / can't remember

8. How easy is it to get through to your health centre/health care professional on the phone?

- Easy
- Sometimes easy
- Difficult to get through
- Get through to answer phone message and get called back
- Get through to answer phone message and don't get called back
- I have not tried to get through on the phone

9. In the last 12 months, have you ever been put off going to your health centre/health service because the opening times are inconvenient for you?

- Yes, often
- Yes, sometimes
- No
- Not applicable

Safe, high quality, coordinated care

10. Do you have confidence and trust in your health care professional?
- Yes, all the time
 - Yes, some of the time
 - No
 - Not sure
11. Were you asked today or at a previous appointment if information about you could be shared with other health care professionals?
- Yes
 - No
 - No, but I would have liked to discuss this
 - Don't know/can't remember
12. In the last 12 months, have you received any copies of letters regarding your care? (e.g. referral letter)
- Yes, as far as I know I received copies of all letters
 - I received copies of some but not all letters
 - No, I did not receive copies of any letters
 - I do not know if any letters were sent
 - I asked not to receive copies of letters
 - Not applicable
13. Were you confident with your health care professional's attention to hygiene? (e.g. hand-washing; use of alcohol gel)
- Yes
 - No
 - Not sure

Better information, more choice

14. How involved did you feel in any decisions about your care and/or treatment?
- Involved
 - Could have been involved more
 - Not involved
 - Not applicable
15. Did you receive information from your health care professional on how to prevent illness and stay healthy? (e.g. physical activity, healthy eating, interacting with other people, alcohol/drug use, stop smoking)
- Yes
 - No
 - Not sure
16. Were you given enough information about your care or treatment today?
- Yes
 - I was given some information but would have liked more
 - No
 - Don't know/can't remember
17. Do you know how to make compliments or complaints about this service and its quality of care?
- Yes
 - No

Building closer relationships

18. Did the health care professional you saw today have identification clearly displayed? (e.g. name badge)

- Yes
- No
- Didn't notice

19. At your appointment/ consultation did you feel that the health care professional listened carefully to what you had to say?

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

20. Were you given enough time to discuss your health or needs with your health care professional?

- Yes, definitely
- Yes, to some extent
- No
- I didn't need to discuss anything

21. Did your health care professional treat you with respect and dignity?

- Yes, all of the time
- Yes, some of the time
- No
- Don't know/can't remember

Clean, comfortable, friendly place to be

The following questions are only applicable if you attended a health centre or clinic today. If treatment was received in your

own home or in a school or day centre please move onto the next section or tick not applicable.

22. How would you rate the friendliness and politeness of the receptionist?

- Excellent
- Good
- Satisfactory
- Poor
- Not applicable

23. If you needed to speak in confidence, were you offered the chance to speak to the receptionist in a private area?

- Yes
- No, but I did not mind
- No, but I would have liked to speak to the receptionist in a private area
- Not applicable

24. How would you rate the cleanliness of the health centre?

- Excellent
- Good
- Satisfactory
- Poor
- Not applicable

25. The comfort level of waiting room (e.g. chairs, temperature) is ...

- Excellent
- Good
- Satisfactory
- Poor
- Not applicable

About You

26. Are you male or female?

- Male
- Female

27. What is your year of birth?

Y	Y	Y	Y
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28. To which of these ethnic groups do you feel you belong? (Please tick the box which applies to you)

Arab or Arab British

- Middle Eastern
- North African
- Any other Arab background

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

Black or Black British

- African
- Caribbean
- Any other Black background

Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed background

White or White British

- British
- Irish
- Eastern European
- Any other White Background

Other

- Chinese
- Any other ethnic group
- I do not wish to disclose my ethnic origin

29. Do you have a physical or mental health condition that has lasted at least 12 months or is likely to last at least 12 months?

- Yes
- No

30. If you answered yes to question 29, please state the type of physical disability or condition which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one.

- Physical disability, such as using a wheelchair to get around and/or difficulty using arms
- Blind or have a serious visual impairment
- Deaf or have a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long-standing illness or health condition such cancer, HIV, diabetes, chronic heart disease, or epilepsy
- Other

If you need help completing this survey, please contact PALS on Freephone 0800 587 8818.