

HOW CAN WE IMPROVE?

You recently met with a health team. We would like to ask you some questions about this. What you tell us is confidential and no one will know they are your answers. Your feedback will help us to improve our service.

Team Name: _____

Date: _____

Are you:

Service User

Carer

Family member or friend

1. I feel listened to by the team

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

2. I feel I have been given enough information regarding my care?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

3. I feel involved in decisions about my care?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

4. The professionals involved with my care talk to each other. We all work as a team?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

5. What can we do to improve the care we offer?

6. How likely are you to recommend our service to friends and family?

Extremely Likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. We would like to be able to include actual anonymous comments from our patients in our promotional material. Would you be happy for your comments to be used in this way?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you want to answer some questions about you? For example your, age, your ethnicity and any disability you have.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1. Are you male or female?

Male	Female	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How old are you?

18-24 25-34 35-44 45-54 55-64 65-74 75-84 85+ Prefer not to say

3. Which of these options best describes your sexual orientation:

Lesbian Gay Heterosexual Bisexual Prefer not to say

4. What ethnic group are you from?

White Mixed / Multiple ethnic groups Asian / Asian British Black / African / Caribbean / Black British Other ethnic group Prefer not to say

5. Are your day to day activities limited because of a health problem or disability which has last, or is expected to last, at least 12 months? (include any issues / problems related to old age)

Yes, Limited a lot Yes, Limited a little No Prefer not to say

6. We would like to be able to include actual anonymous comments from our patients in our promotional material. Would you be happy for your comments to be used in this way?

Yes No

Thank you!