



ACCIDENT & EMERGENCY



Patient survey of Accident and Emergency services



Please tell us about your visit to A&E (Accident and Emergency department).



It will help us check services and help them get better.

Please tick the box that is best for you or write your answer in the space. There is extra space at the end if you need more space for answers.



You do not have to answer any questions you do not want to.

About you



1. Are you

Female

Male

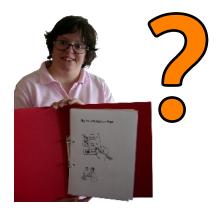
Prefer not to say



2. How old are you?

About the A&E you went to

- ACCIDENT & EMERGENCY
- 3. Which A&E did you go to?



4. When you went to A&E did they ask you if you had a Health Action plan or a Hospital Passport?

Yes No

Do not know



5. Did the staff in A&E do anything special to help you with your needs when you got there?

For example, could you wait in a quieter area or did they show you pictures to help explain what was wrong?

Yes, please tell us what



No. Is there anything you think they could have done?



6. Did you get enough time with the doctor to talk about what you might need?

Yes No



7. Did you understand everything that was said to you?

For example, what was wrong and what might need to be done?

Yes No



8. Were your family or carer involved in what would happen to you if you wanted them to be?

Yes

No

Do not know



9. If you were given any medication do you know what it was for?

Yes No



10. Were you given help to plan what would happen after you left A&E?

Yes No



11. How did you find your time in the service?

For example, what went well?

What could have been done better?

Do you want to tell us anything else about your stay in the hospital?

Extra space.



Thank you very much for helping us!

What you have said will be very helpful to us and the Hospital.



Please send this form to:



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