



Patient survey of community services



Please tell us about your community service.



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 your service



3. Which community service did you use?



4. If you made an appointment with the service was it easy to do?

Yes No



5. Did you get an appointment letter?

Yes

No



6. If so was it in easy read?

Yes

No



7. Did the service do anything special to help you with your needs when you got there?

For example, did you get enough time to talk about what you might need?

Yes

No



8. Did the staff ask to see any information about you, like your Health Action Plan (if you have one)?

Yes

No



9. Were you involved in deciding what was going to happen to you and were you told what was happening?

Yes

No



10. How were the staff? How did they treat you?



11. Did you understand everything they said to you?

Yes

No



12. Did the staff talk to you about how you can help yourself to keep well?

Yes

No

If yes, what kind of things did they tell you?



13. Were you given any easy read information? For example, leaflets on how to look after yourself and stay well? Or how to take any medication?

Yes

No

If so, what was it?



14. 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 experience using the service?

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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