

## DRAFT Version – For Comment – May 2017

### NHS Continuing Healthcare - Your Experience of Your Care



Dear service user / carer,  
You receive care funded by NHS  
Continuing Healthcare



We would like you to be able to tell us  
about your experiences on this  
questionnaire?



Your feedback is very important to us  
and could really help us to make things  
better for those who need care



Are you filling this questionnaire in for:  
Yourself   
As someone's Carer/Relative/Friend



Who provides your care? Please write  
the name of the nursing home or  
homecare agency



Thinking about your care experience, please tick the box you agree with for each question.



I have confidence in the team that provide my care

Please tick



Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any Comments?			



I feel the people who provide my care have the right knowledge and skills to meet my needs

Please tick



Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any Comments?			



I feel the people who provide my care communicate well with me

Please tick



Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any Comments?	



I feel that the different people who provide my care and support me are working well with each other

Please tick

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any Comments?			



I feel listened to by the team who provide my care

Please tick

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any Comments?			



I feel like I am treated with kindness, compassion and respect by the team who provide my care

Please tick

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any Comments?	



I know who to contact if there is a problem with my care

Please tick 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any Comments?	
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I feel there is enough time given to my care

Please tick 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any Comments?	
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The team who provide my care know and understand me

Please tick 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any Comments?	



Overall I am pleased with my standard of care

Please tick 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any Comments?			

**Do you have any comments about how we could do things better?**



**Please hand this questionnaire to a member or staff or put  
in the freepost envelope provided**



(Insert organisation) will hold your information securely in accordance with the Data Protection Act (1998).

We may share information you provide with our services to help improve the quality of the services we deliver.

Please tick here if you are **NOT** happy (☹) for us to use your feedback in this way.

Please tick here if you are **NOT** happy (☹) for your feedback to be used on service information leaflets and webpages

**Thank You**

