

DRAFT Version – For Comment – May 2017

Patient Experience Questionnaire – The Continuing Healthcare Process

We would be very grateful if you could complete this short questionnaire about your experience of the Continuing Healthcare Process. Feedback from this questionnaire will help us to identify things that are working well as well as those that are not working so well. Your opinions are therefore very valuable in helping us to improve.

Please answer all the questions below. There are no right or wrong answers and all of your answers and comments will be treated confidentially. If you have any specific issues or concerns please contact us on (insert e-mail and telephone number)

If you have any questions or would like this questionnaire in an alternative format, for example large print or easy read, or if you need help with communicating with us, please let us know. You can call us on xxxxxxxxx or email xxxxxxxxxx.

Please tick (✓)
Yourself

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

When thinking about your experience of the Continuing Healthcare Process please tick the box which you agree with most for each of the following statements:

1) I received clear information in a way that I understood throughout the process?

Yes
No

Any Comments?

2) I had a person who kept me informed throughout the process?

Yes
No

Any Comments?

3) I feel that my emotional needs were supported throughout the process?

Yes
No

Any Comments?

4) I feel that the assessments completed reflected my current health needs?

Yes
No

Any Comments?

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5) I feel that everyone communicated well with each other?

Yes
No

Any Comments?

6) I felt listened to throughout process?

Yes
No

Any Comments?

7) I was kept informed about what was going to happen and when?

Yes
No

Any Comments?

8) I understand how decisions were made?

Yes
No

Any Comments?

9) I knew who to contact if I had any questions about the outcome of the CHC process?

Yes
No

Any Comments?

10) Do you have any other comments or suggestions of how we can improve? (Please state in the box below)

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 as part of our ongoing commitment to improving 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 anonymously on service information leaflets and webpages

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About you – equality monitoring

Please provide us with some information about yourself. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1 What is your sex?

Tick one box only.

Male

Female

Transgender

2 Which age group applies to you?

Tick one box only.

0-15

16-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

3 Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Yes

No

4 What is your ethnic group?

Tick one box only.

A White

British

Irish

Any other White background, write below

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, write below

C Asian, or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, write below

D Black, or Black British

Caribbean

African

Any other Black background, write below

E Chinese, or other ethnic group

Chinese

Any other, write below

5 What is your religion or belief?

Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

6 Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Prefer not to answer

Other, write below