

## Patient Experience Survey

### Your journey

**1. How long was it from the time you first thought something might be wrong with you until you first saw a GP or other health professional?**

- Less than 3 months
- 3 - 6 months
- 6 - 12 months
- More than 12 months
- Don't know/ can't remember

**2. What symptoms made you seek medical attention?**

**3. Before you were told you needed to go to hospital, how many times did you see a GP or other health professional about this symptom(s)?**

- None** - I went straight to hospital
- None** - I went to hospital following a screening appointment
- I saw my GP **once**
- I saw my GP **twice**
- I saw my GP **3 or 4** times
- I saw my GP **5 or more** times
- Don't know/ can't remember

**4. How do you feel about the length of time you had to wait before your *first appointment with a hospital doctor?***

- I was seen as soon as I thought was necessary
- I should have been seen a bit sooner
- I should have been seen a lot sooner

## Patient Experience Survey

### Your tests

**5. Beforehand, did you have all the information you needed about your diagnostic tests?(Tick ALL that apply)**

- Yes
- No, I would have like more **written** information
- No, I would have like more **verbal** information
- I did not need/ want any information
- Don't know/ can't remember

**6. Overall, how did you feel about the length of time you had to wait for your test to be done?**

- It was about right
- It was a little too long
- It was much too long
- Don't know/ can't remember

**7. Were the results of the test explained to you in a way you could understand?**

- Yes, completely
- Yes, to some extent
- No, I did not understand the explanation
- I did not have an explanation but would have liked one
- I did not need an explanation
- Don't know/ can't remember

## Patient Experience Survey

Your time

**8. Overall, how do you feel about the length of time you had to wait when attending clinics and appointments?**

- It was much too long
- It was a little too long
- It was about right
- Don't know/ can't remember

**9. Were you informed about the length of time you would have to wait for your appointment?**

- Yes, and the time I was told was about right
- Yes, but it took much longer
- No, I was not informed
- Don't know/ can't remember

## Patient Experience Survey

### Your experience

**10. Overall, how would you rate your care?  
(0 = Very Poor; 10 = Very Good)**

- 0 - Very Poor
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Very Good

**11. How likely are you to recommend our service to friends and family if they need similar care or treatment?**

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

Can you tell us why you gave that response?

**12. Thinking about your visit....**

What was good about  
your visit?

What would have made  
your visit better?

Can you tell us why you  
gave that response?

## Patient Experience Survey

### A little more about you

**13. What is your sex?**

- Male
- Female
- Prefer not to say

**14. What age are you?**

- 0 - 15
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+

**15. What is your ethnic group?**

- White
- Mixed/ multiple ethnic groups
- Asian/ Asian British
- Black/ African/ Caribbean/ Black British
- Other
- Prefer not to say

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

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say