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

- Yes
- No, I would have liked more **written** information
- No, I would have liked 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
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