|  |  |  |  |
| --- | --- | --- | --- |
| This experience questionnaire will help you think about how you feel at different stages of your journey through the Service.  **How do you feel?**  Patient experience questionnaire | **1**  **Before you arrived** | **2**  **Arrival at the Service** | **3**  **Initial assessment** |
| **How did you feel?** | **How did you feel?** | **How did you feel?** |
| Please circle the words that best describe your feelings at each stage, or write your own word at the bottom of the page. | happy worried  supported comfortable  safe lonely  good sad  other | happy worried  supported comfortable  safe lonely  good sad  other | happy worried  supported comfortable  safe lonely  good sad  other |
| What was it that made you feel like this? Was it friendly staff, a nice conversation, or a long wait – whatever it is we’d like to know. | **What made you feel like this?** | **Can you describe why you felt like this?** | **What made you feel like this?** |
| We would also like to ask you a question about a specific part of our service, so that we can gather your feedback and improve this area. | **How was the signage to the Service?** | **What were your first impressions of the Service?** | **Did you understand what was happening to you and why?** |

**How do you feel?**

Patient experience questionnaire

continued

|  |  |  |  |
| --- | --- | --- | --- |
| **4**  **Investigations** | **5**  **Treatment** | **6**  **Next steps** | Other comments |
| **How did you feel?** | **How did you feel?** | **How did you feel?** | **Do you have any other comments  or thoughts about your visit?**  Please let us know so we can  continue improving the service we  deliver, thank you |
| happy worried  supported comfortable  safe lonely  good sad  other | happy worried  supported comfortable  safe lonely  good sad  other | happy worried  supported comfortable  safe lonely  good sad  other |
| **What made you feel like this?** | **Can you describe why you felt like this?** | **What made you feel like this?** |
| **How long was your wait?  Was this okay for you?** | **Did you feel informed throughout your treatment?** | **Did you understand what your next steps were?** |