|  |  |  |  |
| --- | --- | --- | --- |
| 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 comfortablesafe lonelygood sadother  | happy worried supported comfortablesafe lonelygood sadother  | happy worried supported comfortablesafe lonelygood sadother  |
| 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 comfortablesafe lonelygood sadother  | happy worried supported comfortablesafe lonelygood sadother  | happy worried supported comfortablesafe lonelygood sadother  |
| **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?**  |