

How do you feel?

Patient experience questionnaire

This experience questionnaire will help you think about how you feel at different stages of your journey through the service.

Please circle the words that best describe your feelings at each stage, or write your own word at the bottom of the page.

1

Before you arrived

How did you feel?

Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

What made you feel like this?

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.

2

Arrival at the service

How did you feel?

Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

Can you describe why you felt like this?

What were your first impressions of the service?

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?

3

Initial assessment

How did you feel?

Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

What made you feel like this?

Did you understand what was happening to you and why?

How do you feel?

Patient experience questionnaire

continued

4

Investigations

How did you feel?

Happy Worried
Supported Comfortable
Safe Lonely
Good Sad
Other _____

What made you feel like this?

5

Treatment

How did you feel?

Happy Worried
Supported Comfortable
Safe Lonely
Good Sad
Other _____

Can you describe why you felt like this?

6

Next steps

How did you feel?

Happy Worried
Supported Comfortable
Safe Lonely
Good Sad
Other _____

What made you feel like this?

Other comments

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

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?