



A & E Patient Survey

Section 1

Please tell us about the patient.

Q1 Are you the patient?

Yes

No, I am completing this on behalf of the patient.....

Q3 Gender of the patient?

Male

Female

Q2 Age of the patient in years?

Section 2

Please tell us about your experience with The East of England Ambulance Service NHS Trust on this occasion.

Q4 Please tell us if you had contact with any of the following health care providers before contacting the ambulance service for this incident.

GP Surgery.....

Out of Hours Doctor's Service

NHS Direct

A walk-in centre.....

Pharmacy

The ambulance service were the first health care provider contacted for help with this incident.

Other, please specify

Q5 How did you make contact with the ambulance service?

I called 999

Someone else called 999 on my behalf.....

I was referred to the Ambulance service by another health care provider

Other, please specify

Q6 Were you made aware of the length of time you would be waiting for the ambulance service to attend you?

Yes, I was given an exact time

Yes, I was given an approximate time.....

No, No time was given.....

Unable to say.....

Q7 How would you describe the length of time you waited for the ambulance service to arrive?

- Very acceptable.....
- Acceptable.....
- Fairly acceptable
- Unacceptable.....
- Very Unacceptable
- Unable to say.....

Q11 Were you satisfied with the advice you received from the ambulance service staff?

- Very satisfied.....
- Satisfied.....
- Fairly satisfied.....
- Unsatisfied.....
- Very unsatisfied.....
- Unable to say / No advice was given

Q8 Did the ambulance service staff introduce themselves to you?

- Yes
- Yes, but I would have liked them to introduce themselves to a greater extent.....
- No.....
- Unable to say.....

Q12 Did the ambulance service staff assess your pain?

- Yes
- No.....
- I was not experiencing any pain

Q9 How would you describe the attitude of the ambulance service staff that attended you?

- Very professional.....
- A little improvement necessary.....
- Not professional.....
- Unable to say.....

Q13 Did the ambulance service staff give you any pain relief?

- Yes.....
- No.....
- Unable to say/ cannot remember...
- I was not experiencing any pain.....

Q10 Did the ambulance crew explain your care and treatment to you in a way that was easy to understand?

- Yes, definitely
- Yes, to some extent.....
- Yes, but not in away I was able to understand.....
- No, no explanation was given.....
- Unable to say.....

Q14 Were you taken to hospital by the ambulance crew?

- Yes.....
- No, I went to hospital by other means
- No, I was left at my home.....
- No, I was left at the scene of the incident which was not my home...

Q15 How involved do you feel your were in the decisions made regarding your care?

- Very involved.....
- Fairly involved.....
- Not involved.....

Q16 How would you describe the service you received in relation to your expectations of the ambulance service?

- Exceeded my expectations.....
- Met my expectations.....
- Reasonably met my expectations...
- Barely met my expectations.....
- Did not meet my expectations
- Unable to say.....

Q18 There are several ways in which the Ambulance service could have asked you for your views. Please tell us which of the following you would have preferred?

- A postal survey, like this one
- On the telephone.....
- At a face-to-face interview.....
- Through email.....
- Other, please specify

Q17 Overall, how would you describe the service you received?

- Very satisfactory.....
- Satisfactory.....
- Fairly satisfactory.....
- Unsatisfactory.....
- Very unsatisfactory.....

Q19 Please use this box to explain why, if you have responded in the negative to any questions, or if you have any other comments.

Q20 Please let us know if you have any comments about the design of this questionnaire. For example; What do you think of the number of questions or the size of the writing?

If you would be happy for us to contact you again to discuss your experiences either with a representative face-to face or over the telephone please tick this box.

Thank you for your time. If you would like any help completing this questionnaire or have any queries, please contact Victoria Maillardet on 01603 422747

Ref1:

Ref2:

Ethnic Origin

We as a Trust, in line with other health care providers, are charged by the Department of Health to collect information about the ethnic group of patients. This information can help us to plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong. All information provided will be kept confidential.

The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered by this Trust will not be affected by your decision to complete this form. If you have any queries about completing this form please call Victoria Maillardet on 01603 422747. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to, or choose the 'Any other ethnic group' option.

- | | |
|---|--------------------------|
| <i>White British</i> | <input type="checkbox"/> |
| <i>White Irish</i> | <input type="checkbox"/> |
| <i>Any other White</i> | <input type="checkbox"/> |
| <i>White and Asian</i> | <input type="checkbox"/> |
| <i>White and Black Caribbean</i> | <input type="checkbox"/> |
| <i>White and Black African</i> | <input type="checkbox"/> |
| <i>Chinese</i> | <input type="checkbox"/> |
| <i>Indian</i> | <input type="checkbox"/> |
| <i>Pakistani</i> | <input type="checkbox"/> |
| <i>Bangladeshi</i> | <input type="checkbox"/> |
| <i>Caribbean</i> | <input type="checkbox"/> |
| <i>African</i> | <input type="checkbox"/> |
| <i>Any other Asian background</i> | <input type="checkbox"/> |
| <i>Any other Black background</i> | <input type="checkbox"/> |
| <i>Any other ethnic group</i> | <input type="checkbox"/> |
| <i>Any other mixed background</i> | <input type="checkbox"/> |