



Clinical Advisor 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 of the clinical advisor on this occasion.

Q4 How did you make contact with the clinical advisor?

By calling 999 for an ambulance

By calling NHS Direct who put me through to the ambulance service

Other, please specify

Q7 Were you told what to do if your condition got worse later?

Yes

No

Unable to say

Q5 Did the clinical advisor tell you their name?

Yes

No

Unable to say

Q8 How would you describe the advice you were given by the clinical advisor?

Very helpful

Helpful

Fairly helpful

Unhelpful

Very unhelpful

Q6 How would you describe the attitude of the clinical advisor you spoke to?

Very professional

A little improvement necessary

Not professional

Any comments about the clinical advisors attitude?

Q9 Do you feel the advice you were given adequately dealt with your condition?

Completely

Adequately

Fairly adequately

Inadequately

Not at all

Q10 Was the advice you were given by the clinical advisor carried out?

- Yes, fully.....
- Partially
- Not at all.....
- No advice was given
- Unable to say

Q11 Who do you feel finally resolved your condition? Please tick all options that apply.

- The Ambulance Trust clinical advisor resolved my problem adequately
- An ambulance crew that attended me..
- The hospital which I went to in an ambulance.....
- The hospital which I went to by my own means.....
- My GP
- The Out of Hours Medical Service
- NHS Direct

Other, please specify

Q12 Which of the following services are you aware of that are available to you in your area? Please tick all options that apply.

- NHS Direct
- Referral to a clinical advisor when you call 999 for the Ambulance Service.....
- Out of Hours Doctors Service
- GP Surgeries.....
- Hospital A&E Department
- Local Pharmacy
- Walk in centres.....

Q13 How would you describe the service you received in relation to your expectations of the Ambulance Trust?

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

Q14 Overall, how would you describe the service you received?

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

Q15 Please tell us any ways in which we could improve the service the Ambulance Trust provides.

Q16 Please use this box to explain why, if you have responded in the negative to any questions or if you have any other comments.

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

Ref1:

Ref2: