

This survey asks people about the health and social care they have received so that we can improve service. We are particularly keen to obtain replies from people who may have some difficulty accessing services they need. The survey is at www.surveymonkey.com/r/improvinghealthservice Thank you for your time.

1. Which of the following describes you best?

- User of Dial-a-Ride, Shopmobility, Home Help Car Scheme or similar services
- English is not your first language
- A Student
- None

Other (please say what describes your needs or characteristic best)

2. How many times have you used these services in the last two years?

	None	Once	Twice	Three or more
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital treatment day visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital stay overnight or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult / Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a voluntary organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

3. Of those used, please score your satisfaction

	Poor	OK	Good	Fantastic
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital treatment day visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital stay overnight or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult/Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a voluntary organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the "Other" - please score

4. Considering your main issue, to what extent did you feel the professional understood?

	Poorly	OK	Well	Excellently
Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other comment if you wish

5. What would you like to have been different about your treatment or care?

6. Please score the following

About Doctors and Medical care

	Poor	OK	Good	Excellent
How clear is the information about how you get health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arranging/booking an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting time for the appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport or getting to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting time at the appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding what was being said or asked, options being given in an understandable way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other comment if you wish

7. If you receive social care, how easy was the service to get set-up?

- Difficult
 Easy enough
 Simple
 Do not receive social care

8. If you receive care, please score the quality

	Not good	Average	Good	Excellent
at time agreed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
time agreed is suitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
whole time agreed is given	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
given properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
you feel respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add a comment if you wish

9. What has been the most difficult thing about getting medical treatment or social care?

10. What would you like to be able to do to improve your health or happiness? you may say something like

- . Get better from an illness
- . Learn how to manage your condition or to adapt
- . Improve fitness
- . Have more companionship
- . Get out and about more

11. If you wanted to complain about the treatment or care you receive, where would you go?

- Doctor Hospital Healthwatch CCG

Other (please specify)

12. If you do not know where to go, how would you get help?

- Family/friend CAB Community information centre College Doctor Council Google

Other (please specify)

13. About you

	<18	18 to 29	30 to 50	51 to 64	65 to 79	80+
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Your Gender

- Male Female Transgender Prefer not to say

15. Do you consider yourself to have any disabilities?

- Physical Disability
 Sight, hearing impairment
 Mental Health condition
 Learning difficulty/disability
 Dementia or Alzheimer's
 I do not consider I have a disability
 I prefer not to say

Other (please specify)

16. Postcode (Only need first 5 characters, eg P0167 or S0317)

The link to the online version is

<https://www.surveymonkey.com/r/improvinghealthservice>

.
. .

Thank you for completing this survey, please return paper copies to the point or organisation where you received them

or post them to

Health and Care Survey
Freepost RSGC-EBEK-ZEAU
Community Action Fareham
163 West Street
Fareham
PO16 0EF

.
. .

or drop them in!

thank you.



Community Action Fareham is a registered charity 1053695