

Parent/ Patient Feedback Questionnaire

Based on existing service evaluation questionnaires currently used within the sites; the Short Pennine Care Family and Friends Questionnaire and Collaborate¹.

Screening Number: _____ Date: _____

Thank you for agreeing to take the time to complete this questionnaire. Answering these questions should take you no longer than five minutes to complete and within this questionnaire we will explore your experience of the RightPath Triage service. It is hoped that your responses to this questionnaire will highlight not only your own thoughts and experiences in relation to the care you received but also help inform further work to help propose recommendations for improvement. We would be grateful if you could answer all the questions honestly. These questions are not a test and there are no right or wrong answers - just your own views. Your responses will be kept anonymous and treated in confidence at all times.

Thinking about the appointment you have just had ...

1. How much effort was made to help you understand your or your child's health issues?

0 1 2 3 4 5 6 7 8 9

No effort
was made

Every effort
was made

2. How much effort was made to listen to the things that matter most to you about your or your child's health issues?

0 1 2 3 4 5 6 7 8 9

No effort
was made

Every effort
was made

3. How much effort was made to include what matters most to you in choosing what to do next?

0 1 2 3 4 5 6 7 8 9

No effort
was made

Every effort
was

¹Elwyn G, Barr PJ, Grande SW, Thompson R, Walsh T, Ozanne EM. Developing CollaboRATE: A fast and frugal patient-reported measure of shared decision making in clinical encounters. *Patient Educ Couns*. 2013 Jun 11;93(1):102–7.

Would you tell your friends that this is a good service to come to?



Yes ☐ Maybe ☐ No ☐ Don't know ☐

What do you think of the treatment you received today?
(what was good?/what could we do better?)

Which service have you accessed?



Are you a ...  ☐  ☐

How old are you?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

What is your ethnic background?

White	<input type="checkbox"/>	Black / African / Caribbean / Black British	<input type="checkbox"/>
Mixed / Multiple ethnic groups	<input type="checkbox"/>	Asian / Asian British	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>		

Do you have any additional needs? Yes ☐ No ☐

Thank you for taking the time to fill out and answer the questions