





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 ef was ma	

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 Every effort was made was made

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

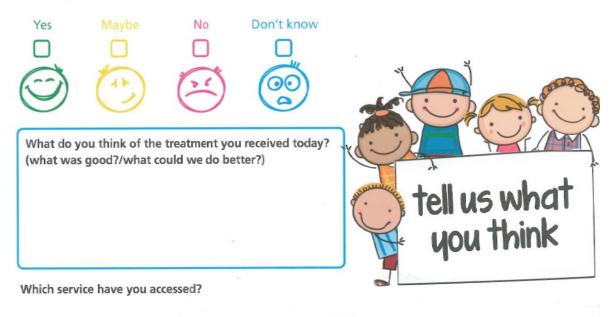
0 1 2 3 4 5 6 7 8 9 No effort Every effort was made was







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



Are you a										
How old are you?										
1 2 3 4 5 6 7	8 9 10 11 12 13 14 15 16 17 1	18								
What is your ethnic background? White Mixed / Multiple ethnic groups Other ethnic group Do you have any additional needs?	Black / African / Caribbean / Black British Asian / Asian British									

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