

## PATIENT SATISFACTION SURVEY – ADULT CLINIC

Please help us improve our service by completing this questionnaire. The survey is **anonymous** so please be honest with your responses. It is our aim to provide the best quality of care that we can and we appreciate your views on our service. Please **CIRCLE** your choices and add any comments you feel are relevant:-

**Q1. How far do you travel to come to the clinic? (one-way journey in miles):**

1-10                      10-25                      25-50                      50-100                      100+

Comments: .....  
.....  
.....

**Q2. What mode of transport do you use? (Circle as many as is appropriate):**

Ambulance              Car                      Taxi                      Bus                      Train

Other (please specify): .....

Comments: .....  
.....  
.....

**Q3. Before you attended your appointment were you provided with any information on what would happen during the clinic?**

YES                                      NO

**Q3a. If yes, was this information:**

Written?                                      Verbal?

Comments: .....  
.....  
.....

**Q4. Were you introduced to the team members in your clinic room?**

YES NO

Comments: .....  
.....  
.....

**Q5. Did you have enough time to discuss your condition with the team members?**

YES NO

Comments: .....  
.....  
.....

**Q6. Overall how would you rate your care at the clinic?**

Poor Average Good Very good Excellent

Comments: .....  
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*Thank you for taking the time to complete this form.*

**Return it to us anonymously at your next clinic visit in the envelope provided, or send to:  
Brachial Plexus Injury Service, REH030, New Victoria Hospital, Grange Road, GLASGOW, G42 9LF**