

# Scottish National Brachial Plexus Injury Service



## PATIENT SATISFACTION SURVEY

### Obstetric Brachial Plexus Injury (Erb's Palsy)

#### Ms Murnaghan's Outpatient Clinic, Royal Hospital for Children, Glasgow

Thank you for completing this anonymous survey and returning it in the envelope provided.  
Your views on our service help us to provide the best quality of care.  
Please **CIRCLE** your choices and add any comments you feel are relevant:-

Q1. How far did you travel to the clinic? (One-way journey in miles):

- 0-10 miles
- 10-25 miles
- 25-50 miles
- 50-100 miles
- 100+ miles

Comments:.....

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

- Ambulance
  - Car
  - Taxi
  - Bus
  - Train
- Other (please specify): .....

Q3. How many of you came to the clinic? One patient plus ..... adults and ..... other children.

Q4. What would you estimate was the cost of attending the clinic? £ .....

Q5. What time of day suits you best for the clinic?

- Morning
- Lunchtime
- Afternoon
- Early Evening

Q6. Before you attended your appointment were you provided with any information on what would happen during the clinic? Yes No

Q6a. If Yes was this information: Written? or Verbal?  
 Q6b. If Yes was this information: Adequate? or Inadequate?

Q7. Do you feel that the Waiting Room was a suitable setting? Yes No

Q8. Were you introduced to the staff in your Clinic Room? Yes No

Q9. Were there too many individuals there at one time? Yes No

**Q10. Do you feel that the Clinic Room was a suitable setting for the consultation and assessment of your child's function?**

Yes

No

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**Q11. Did you have enough time to discuss your child's condition with the team members?**

Yes

No

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**Q12. Overall how would you rate your child's care at the clinic?**

Poor

Average

Good

Very good

Excellent

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**Q13. Overall how would you rate your child's care by Physiotherapy?**

Poor

Average

Good

Very good

Excellent

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**Q14. Overall how would you rate your child's care by Occupational Therapy?**

Poor

Average

Good

Very good

Excellent

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Further Comments:.....

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**Thank you for taking the time to complete this questionnaire.**

**Please return it to us in a sealed envelope to:**

Scottish National Brachial Plexus Injury Service  
REH 030  
New Victoria Hospital  
Grange Road  
Glasgow  
G42 9LF

Tel: 0141 347 8916  
Email: [brachial.plexus@ggc.scot.nhs.uk](mailto:brachial.plexus@ggc.scot.nhs.uk)