# Share Your Experience with Us.

# Healthwatch Bromley are an independent champion for local Bromley residents to give you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help inform the commissioners and service providers to improve services. The information you give today will be confidential and held in a secure database, and you can ask for it to be removed at any time. You do not have to give your name or email.

# Name of Service: …………………………………………………………………………………………………………

1. **How likely are you to recommend this to anyone who needs similar care or treatment?**

5 = Extremely Likely

4 = Likely

3 = Neither likely nor unlikely

2 = Unlikely

1 = Extremely unlikely

Don’t know

1. **How do you rate your overall experience?**

5 = Excellent

4 = Good

3 = Okay

2 = Poor

1 = Terrible

1. **Tell us more about your experience**
2. **Your ratings (select and circle if applicable)**

**Ease of getting a appointment**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Convenience of appointment**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Cleanliness**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Staff Attitude**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Waiting Time**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Treatment explanation**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Quality of care**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Quality of food**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

**Generally, how easy is it to get through to someone on the phone?**

5 = Excellent  4 = Good  3 = Okay  2 = Poor  1 = Terrible

1. **Are you a**:

Patient

Carer

Relative

Carer and relative

Service Provider

Visitor

Professional

1. **Do you know the name of the ward / department? (if applicable) …**…………..

**About you**

Name…………………………………………………………………………………………………………………

Email………………………………………………………………………………………………………………….

( ) Leave feedback anonymously

**Monitoring Information**

**What gender do you identify yourself as:**

Female

Male

Other

Prefer not to say

**Which age group are you in?**

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

85+

Prefer not to say

**What is your ethnicity?**

**White**

English

Welsh

Scottish

Northern Irish

British

Gypsy or the Irish Traveller

Any other white background

**Asian/ Asian British**

Bangladeshi

Chinese

Indian

Pakistani

**Black, African, Caribbean, Black British**

African

Caribbean

Any other Black, African, Caribbean background

**Mixed, Multiple**

White and Asian

White and Black African

White and Black Caribbean

Any other mixed/multiple background

**Other Ethnic Group**

Arab

Any other ethnic group

**What is your religion?**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other religion

Prefer not to say

**Which area of the borough do you live in?**

………………………………………………..

**Thank you for sharing your experience!**

**Please Return the survey to us by email to** [info@healthwatchbromley.co.uk](mailto:info@healthwatchbromley.co.uk)

**You can also send us your completed survey by post on FREEPOST YVHSC.**