

Survey Review Document

Survey Created: 05 Apr 2012, 13:11
Survey Changed: 05 Apr 2012, 13:47

Client: Midlands Burn Care Network

Survey: Outreach 2012

Start Message:

The Midlands Burn Care Network thanks you for agreeing to complete our 5 minute survey. Your views are important to us and will remain anonymous

End Message:

Thank you for completing this survey. Your views will help improve burn care in the Midlands

1. Are you

If a parent / carer please answer questions about patients care

(Multiple Choice, select one only)

- Patient
- Parent (of a patient)
- Carer

2. Where do you live?

(Multiple Choice, select one only)

- Nottingham
- Nottinghamshire
- Derby
- Derbyshire
- Lincolnshire
- Leicestershire
- Other area

3. Are you being treated because of

(Multiple Choice, select one only)

- a burn injury
- plastic surgery

4. If the Outreach team had not visited you, how would you have travelled to your dressing clinic appointment?

(Multiple Choice, select one only)

- Own Transport
- Relative/Friend would have had to bring me
- Public Transport
- Would have had to request hospital transport
- Unable to attend
- Community Nurse visit would have been needed

5. Did you have contact with the Outreach Nurse before your visit

(Multiple Choice, select one only)

- Yes, a visit on the ward
- Yes, a phone call
- No, but I would have liked to
- No

6. Did the Outreach Nurse agree a time to visit with you

(Multiple Choice, select one only)

- Yes
- No, but I did not need or want a choice
- No, but I would have liked a choice

7. Did the Outreach Nurse introduce herself to you

(Multiple Choice, select one only)

- Yes
- No

8. Were you given contact details for the Outreach Nurse

(Multiple Choice, select one only)

- Yes
- No

9. Did you receive any Patient information leaflets?

(Multiple Choice, select one only)

- Yes, while on the Burns Unit
- Yes, from the Outreach Team
- No, but I would have liked some
- No, but the nurse explained everything to me
- I did not want any information

10. Did the Outreach Team offer you advice on taking painkillers before your treatment?

(Multiple Choice, select one only)

- Yes
- No

11. How would you best describe the level of pain or discomfort that you experienced during your treatment?

(Multiple Choice, select one only)

- None
- Mild
- Moderate
- Severe

12. Did you have to phone the Outreach team for advice?

(Multiple Choice, select one only)

- Yes
- Yes but I had to leave a message
- Yes and they were helpful
- Yes but they were not helpful
- No

13. How would you describe the emotional / psychological support that you have received?

(Multiple Choice, select one only)

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not need any

14. Did you feel safe in our care?

(Multiple Choice, select one only)

- Yes
- No

15. Did the Outreach Team respect your Privacy and Dignity during your treatment

(Multiple Choice, select one only)

- Yes
- Some of the time
- No

16. Did the Outreach Team offer advice to help you return to work / school?

(Multiple Choice, select one only)

- Yes
- No
- No, but I would have liked their help
- Does not apply

Did the Outreach Nurse refer you to the:

	Yes	No	Does not apply
17. Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Community Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please choose the box that best describes your experience

	Very good	Good	Poor	Very poor
22. Giving you enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Explaining your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Involving you in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please choose the box that best describes how the visit benefited you

	Yes	No	Does not apply
26. Ongoing specialist care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Reduced travelling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Visit fitted in with school / work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Questions I had were answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Access to other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Please rate your overall satisfaction with your Outreach Team visit

(Multiple Choice, select one only)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

32. Are you male or female?

(Multiple Choice, select one only)

- Male
- Female

33. How old are you?

(Multiple Choice, select one only)

- Less than 16 years old
- 16 to 34
- 35 to 64
- 65 and over

34. Please add any other comments

(Open Ended)

- Free Format Text