

# Patient Experience Questionnaire (Easy Read)

**TEAM NAME:** Greenwich MSK

Can we ask you some questions about the help you have had from our service? This will help us improve the care we provide. Your name will not be on the form. Please tick and/or write in the boxes.

**If someone in your family or your friend needed help, would you tell them about this team?**



Yes



Maybe



No



Unsure

**Please tell us the main reason for this answer**

**Have you been given information about the help you are getting?**



Yes



Sometimes



No

**Do staff listen to you and make a plan with you?**



Yes



Sometimes



No

**Did you want any family or carer to be involved in your care?**

Yes

No

Not applicable

**If 'yes' were they involved? For example, coming to your appointments, making phone calls for you?**



Yes



Sometimes



No

**Have staff treated you with kindness and care?**



Yes



Sometimes



No

**Do you feel better because of the help that you receive from this team?**



Yes



Sometimes



No

**Any comments / suggestions**

Oxleas NHS Foundation Trust wants to make sure that everyone who uses its services gets the best care. To do this they need to find out about people who use the services. All the information collected in the next few questions will be kept safe. You do not have to tell us your name. It is not compulsory that you answer these questions.

**What is your gender?**

I am a man

I am a woman

I am a transgender

Prefer not to answer

**What is your age?**

Under 18

18-24

25-34

35-54

55-64

65-74

75+

Prefer not to say

**What is your ethnic origin? (this means your race or background)**

White British

White Other

Asian / Asian British

Mixed / Multiple Ethnic Group

Black African / Caribbean / Black British

Other Ethnic Group

Prefer not to answer

**Which of the following options best describe you?**

Bi-sexual

Gay

Lesbian

Heterosexual / Straight

Other

Prefer not to answer

**What is your Religion or Belief?**

Buddhist

Christian

Hindu

Muslim

Jewish

Sikh

Other

No religion or  
belief

Prefer not to  
answer

**Do you have a disability? (Any health issue or impairment which is likely to last more than 12 months and which impacts on your ability to carry out everyday duties)**

Yes

No

Prefer not to answer

You can also have your say in many ways by becoming a member of Oxleas. It's free to join - visit [www.oxleas.nhs.uk/members](http://www.oxleas.nhs.uk/members) or call **0300 123 1541** for further information or to request an application form.