

## Patient Survey

Thank you for taking the time to fill out this survey which asks questions about your experience at your hepatitis C clinic. Your feedback is important to us and will help us monitor and improve the service that we provide.

Your participation is voluntary and all of your answers will be kept confidential. Please answer each question, ticking the boxes that you feel best describe your experience with our service.

### Listening to you

1. Would you say the clinic staff were good or bad at listening to what you had to say?

|             |            |    |        |              |
|-------------|------------|----|--------|--------------|
| 1           | 2          | 3  | 4      | 5            |
| ☹☹ Very bad | ☹ Not good | OK | ☺ Good | ☺☺ Very good |

### Explaining things to you

2. Would you say that the clinic staff were good or bad at explaining hepatitis C and your treatment options to you?

|             |            |    |        |              |
|-------------|------------|----|--------|--------------|
| 1           | 2          | 3  | 4      | 5            |
| ☹☹ Very bad | ☹ Not good | OK | ☺ Good | ☺☺ Very good |

### Respecting you

3. How happy were you that the clinic staff treated you with respect during your treatment?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

### Clinic Location

4. Was the clinic in a location that was easy or difficult for you to travel to?

|                   |            |    |        |              |
|-------------------|------------|----|--------|--------------|
| 1                 | 2          | 3  | 4      | 5            |
| ☹☹ Very difficult | ☹ Not easy | OK | ☺ Easy | ☺☺ Very easy |

5. If the location was not easy or very difficult to travel to - please let us know why:

|   |  |
|---|--|
| It was too far from my work                         |  |
| It was too far from my home                         |  |
| It took me too long to travel to the clinic         |  |
| It was too expensive to travel to the clinic        |  |
| It was difficult to arrange transport to the clinic |  |
| Other reason. Please describe                       |  |

### Appointments

6. Were you happy or unhappy with the timings of your appointments?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

7. If you were not happy or very unhappy, what was the main reason?

|   |  |
|---|--|
| The timing of the appointments were difficult to fit around my work                               |  |
| The timing of the appointments were difficult to fit around my responsibilities as a parent/carer |  |
| The timing of the appointments were too early in the morning                                      |  |
| Other reason. Please describe   |  |

8. During your treatment did you miss any appointments with the clinic?  Yes  No

If you missed any appointments please select the main reason from the options below:

|   |  |
|---|--|
| You forgot  |  |
| The time of the appointment(s) was inconvenient           |  |
| The location of the clinic was inconvenient               |  |
| At the last minute you had to do something more important |  |
| It was difficult to arrange transport to the clinic       |  |
| Other reason. Please describe                             |  |

### Contacting us

9. How easy was it to contact the staff involved in your treatment between appointments?

|                   |            |    |        |              |
|-------------------|------------|----|--------|--------------|
| 1                 | 2          | 3  | 4      | 5            |
| ☹☹ Very difficult | ☹ Not easy | OK | ☺ Easy | ☺☺ Very easy |

### Treatment

10. At any time during treatment did you feel like stopping the tablets?  Yes  No

If you felt like stopping please select any of the options below that apply

|  |  |
|--|--|
| Side effects of treatment                                      |  |
| It was difficult to remember to take the tablets every day     |  |
| You thought you would feel better very quickly but you did not |  |
| You stopped thinking it was important to cure your hepatitis C |  |
| Other reason. Please describe                                  |  |

11. How do you feel about the way staff at the clinic supported you during your treatment?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

As part of your treatment you received tablets that you were required to take every day.

12. Please tell us how happy or unhappy you were with where you collected the tablets?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

13. To what extent were you happy or unhappy with how often you had to collect your tablets?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

14. Do you feel better as a result of having the treatment?

|   |  |
|---|--|
| Yes, I feel physically better                   |  |
| Yes, I feel mentally better                     |  |
| Yes, I feel mentally AND physically better      |  |
| No, I do not feel mentally OR physically better |  |
| Don't Know                                      |  |

15. If you are told that you're treatment has been successful and that you are cured – do you feel it will change your attitude to other things in your life?

|   |  |
|---|--|
| No, it will make no difference                  |  |
| Yes, it has made me more positive about my life |  |

If you feel that you may be able to make positive changes to other things in your life that had been challenging before having treatment, please tick any that apply below:

|                 |  |
|-----------------|--|
| Employment      |  |
| Education       |  |
| Relationships   |  |
| Substance use   |  |
| Offending       |  |
| Mental health   |  |
| Physical health |  |

**Final questions**

16. How happy would you be to recommend our service to family and friends if they needed similar care or treatment?

|                 |             |    |         |               |
|-----------------|-------------|----|---------|---------------|
| 1               | 2           | 3  | 4       | 5             |
| ☹☹ Very unhappy | ☹ Not happy | OK | ☺ Happy | ☺☺ Very happy |

15. What would have made your visits better?

***Thank you for taking the time to share your experience with us, we really appreciate your help!***

South West Peninsula – Hepatitis C – Operational Delivery Network

Contact: Jayne Roue (01752) 431962

[Jayne.roue@nhs.net](mailto:Jayne.roue@nhs.net)

Need more information? E-mail [curehepc@nhs.net](mailto:curehepc@nhs.net)