

Appendix C - Patient Questionnaire

We are undertaking some analysis on patients' access to our bases. We would be very grateful if you would be willing to answer the questions below. Your comments will be kept in confidence and you are not obliged to disclose your identity. Should you choose to disclose your identity, any analysis conducted as a result of this survey will not be identifiable to you personally, nor will your identity be disclosed to any person or organisation outside of StourCare.

Your Name: (Optional) _____

If you are the patient, please fill in the details below:

If you are not the patient please give the patient's details.

Age:	<input type="text"/>	
Gender:	Male	Female
	<input type="text"/>	<input type="text"/>

Post Code:	<input type="text"/>	<input type="text"/>
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	Please Tick <input type="checkbox"/>	
	Yes	No
On contacting StourCare, were you given clear instructions on how to find us?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your own vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did a relative, friend or neighbour drive you to the base?	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, were parking facilities available to you?	<input type="checkbox"/>	<input type="checkbox"/>
Were the parking facilities close to the place that you saw the doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use public transport?	<input type="checkbox"/>	<input type="checkbox"/>
Was the public transport adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you travel by taxi?	<input type="checkbox"/>	<input type="checkbox"/>
Did your journey take :		
• 45 minutes or less overnight (i.e. 2300 – 0800)	<input type="checkbox"/>	<input type="checkbox"/>
• 30 minutes or less in the evening (i.e. 1830 – 2300)	<input type="checkbox"/>	<input type="checkbox"/>
• 30 minutes or less at weekends (i.e. 0800 – 1830)	<input type="checkbox"/>	<input type="checkbox"/>
If outside these travel time ranges, how long did your journey take you?	<input type="text"/>	

Which base did you attend?	Margate	<input type="checkbox"/>
	Canterbury	<input type="checkbox"/>
	Herne Bay	<input type="checkbox"/>
	Dover	<input type="checkbox"/>
	Deal	<input type="checkbox"/>
Why did you choose this base?		
<input type="text"/>		

continued overleaf/...

What time of day (approximately) did you initially contact the StourCare service?		
Was it a weekday or weekend?		
Were you offered an earlier appointment than the one that you attended?	Yes	No
Can you remember the time of the earliest appointment that you were offered?	Yes	No
If so, when?		

Is there anything else you would like to add in relation to the questions asked above?

Thank you very much for participating in this survey. Your comments are valuable to us in our aim to continually improve the services that we offer.