

How well does this walk-in centre meet your needs?

This questionnaire will take you just 10 minutes to complete



This questionnaire is available free for use with the written permission of the University of Leicester. Please contact Carolyn Tarrant: ccp3@le.ac.uk

For each question please tick the answer that best matches how you feel about the walk-in centre.

There are no right or wrong answers. Please use the full range of options – it is important for the walk-in centre to know your opinion even if it is very negative.

There is a space at the end of the questionnaire where you can write additional comments if you want to explain any of your answers in more detail, or have anything else you would like to say.

Getting seen

1 How easy is it for you to get what you want without a long wait?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

2 How easy is it for you to get to see a doctor or nurse of your own sex, when you want to?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know

3 How easy is it for you to get to see a doctor or nurse who speaks your language, or to arrange for an interpreter?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- Don't know / not applicable

How the reception staff treat you

4 Are the reception staff friendly?

- Yes, very
- Yes, to some extent
- No, not very
- No, not at all
- No opinion

5 Are the reception staff willing to try their best to help?

- Yes, very
- Yes, to some extent
- No, not very
- No, not at all
- No opinion

Using the walk-in centre

6 How easy is it for you to get around the building?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

7 How easy is it for you to use the facilities at the walk-in centre (e.g. the waiting area, toilets, baby changing room)?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

8 How easy is it for you to talk to receptionists without being overheard?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

9 How easy is it for you to know when it is your turn to be seen by the doctor or nurse?

- Very easy
- Quite easy
- Not very easy
- Not at all easy
- No opinion

10 How good is this walk-in centre at helping you to feel at ease while you are waiting?

- Very good
- Quite good
- Not very good
- Not at all good
- No opinion

11 How good is this walk-in centre at providing information in a form that you can understand (e.g. translated or Easy Read information leaflets)?

- Very good
- Quite good
- Not very good
- Not at all good
- No opinion / not applicable

Letting you know about other services

12 How good is this walk-in centre at letting you know about health or community services available elsewhere that might be helpful for you?

- Very good
- Quite good
- Not very good
- Not at all good
- Don't know

Providing a service that suits you

13 Thinking about your own needs and personal circumstances, do you feel that this walk-in centre provides a service that suits you well?

- Yes, completely
- Yes, to some extent
- No, not really
- No, not at all
- No opinion

Listening to patients

14 How good is this walk-in centre at encouraging patients to make suggestions about what the walk-in centre could do better (e.g. a suggestion box, website feedback form)?

- Very good
- Quite good
- Not very good.....
- Not at all good
- Don't know

15 How good is this walk-in centre at listening to patients' suggestions and complaints?

- Very good
- Quite good
- Not very good.....
- Not at all good
- Don't know

Please tell us about anything this walk-in centre does particularly well to meet your needs:

Please tell us how the walk-in centre could be better at meeting your needs. You can also use this box to explain any of your other answers in more detail:

About you

The following questions will help us to see how well the walk-in centre meets the needs of different groups of people. This will help the walk-in centre provide a better service for everyone.

The questionnaire is completely confidential, and the walk-in centre will not be able to link your answers to you as an individual. **If there are any questions you would strongly prefer not to answer, please leave them blank.**

1 Would you describe yourself as:

Male

Female

2 How old are you?

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 to 84

85 or over

3 Which of these groups do you belong to?

A White

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background

If other, please write in

.....

B Mixed / multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other mixed / multiple ethnic background

If other, please write in

.....

C Asian / Asian British

Indian

Bangladeshi

Pakistani

Chinese

Any other Asian background

If other, please write in

.....

D Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean background

If other, please write in

.....

E Other ethnic group

Please write in

.....

4 Do you have any of the following conditions (please tick any that apply)?

Deafness or hearing impairment

Blindness or visual impairment

A condition that limits your ability to carry out basic activities, (e.g. walking, climbing stairs, lifting or carrying)

A learning disability

A long-standing mental health problem (e.g. depression, bipolar)

Any other long-standing illness (e.g. diabetes, epilepsy, cancer)

5 Which of these describes what you are doing at present?

Full-time paid or voluntary work (30 hours or more each week)

Part-time paid or voluntary work (under 30 hours each week)

Full-time education at school, college or university

Unemployed

Long-term sick or disabled

Fully retired from work

Looking after the home

Other

6 Are you a carer for anyone with an ongoing health problem or disability?

Yes

No

7 Would you consider yourself to be:

Heterosexual / straight

Gay / Lesbian

Bisexual

Other

I would prefer not to say

8 Would you say that English is your first language (please tick any that apply)?

Yes

No

Bilingual / multi-lingual

If no, what is your first language?

.....

9 Are you a deaf person who uses sign language?

Yes

No