The University Of Sheffield.

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Please tell us your views about [service name]

1. Who came with you to this service today? *(Please tick all that apply)*

Ambulance crew	☐	Volunteers	☐
Police	☐	Friends/family	☐
Street pastors/angels	☐	Other (Please describe) _____	☐

2. What are the reasons for being at this service today? *(Please tick all that apply)*

I have an injury (e.g. sprained ankle)	☐	I have been drinking alcohol	☐
I feel unwell	☐	Other(Please describe) _____	☐
		_____	

3. What do you think you would have done if this service had not been available?
(please tick all that apply)

Looked after the problem myself	☐	Gone to hospital emergency department	☐
Called for help from family/friend/other	☐	Called the emergency services e.g.999	☐
I would have been unsafe	☐	Other(Please describe) _____	☐

4. Who looked after you during your visit? *(Please tick all that apply)*

Ambulance crew	☐	Volunteer	☐
Nurse	☐	Police	☐
Medical Doctor	☐	Other(Please describe)_____	☐

5. What treatment, tests or advice did you receive here today? (please tick as many as apply)

Water to drink	☐	Fluids via a drip	☐
Referred to emergency department or hospital	☐	Breathalysed or urine tested	☐
Injury care e.g. bandage, plasters	☐	Advice around safer alcohol use	☐
Medication	☐	Information about alcohol support services	☐
General support	☐	Other (Please describe)	☐
		Please turn over	

6. How would you rate the service on each of the following? (Please tick a box on each line)

		 Very good	 Fairly good	 Neither good nor poor	 Fairly poor	 Very poor
A	Service location					
B	Safety					
C	Comfort and cleanliness					
D	Communication (e.g. being told what is happening)					
E	The care and compassion of the staff who looked after you					
F	The tests and treatments received					
G	Any advice or information provided					
H	How you were discharged/ when you left					

7. Would you have preferred to go to… *(please tick one)*

The local emergency department/ hospital	☐	Home	☐
A different health or treatment service	☐	I was happy to be treated here	☐

8. In general do you think a service like this is a good idea? **Yes** ☐ **No** ☐

9. ***Overall … (please circle a number)***

I had a very poor experience — I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

10. What do you think was good about the service?

What could be improved about the service?

Any other comments:

ABOUT YOU:

11. How old are you? ……years

12. Are you Male ☐ Female ☐

Please return the completed questionnaire inside the envelope in the box provided, or complete and post in the **FREEPOST** reply paid envelope attached.

Thank you for your help