

DEVON MEMORY SERVICE SURVEY

**We are interested in receiving your feedback about your recent visit to the Devon Memory Service.
Your feedback is valuable in helping us to improve our service.**

Please rate the following statements in relation to your experiences in the Memory Service. Please offer comments at the end of the form regarding your ratings. Please tick as appropriate

1. How likely are you to recommend our service to your family and friends if they need similar care or treatment?

— — — — —

Extremely likely Likely Neither likely or unlikely Unlikely Extremely unlikely Don't know

2. What is the main reason for the answer you have given?

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3. The information I received prior to the appointment helped me to feel well prepared?

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

4. It was easy for me to get to my clinic appointment i.e. the public transport was good, there are enough car parking spaces.

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

5. The clinic has a welcoming atmosphere.

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

6. The overall length of time spent at the hospital was acceptable.

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

7. The staff took time to explain the assessment process to me.

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

8. I felt that I could stop the assessment at any point if I had wanted to.

— — — —

Strongly disagree Disagree Neither agree or disagree Agree Strongly agree

9. I understood what the doctor said to me at the end of my assessment.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

10. The staff gave me enough time when they were communicating important information to me.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

11. I feel that the advice and information given to me as a result of my assessment was helpful and sufficient.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

12. I was made aware that my personal information might be shared within the health team.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

13. I was given the opportunity to ask questions during my visit to the clinic.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

14. I was treated well and with respect at all times during my visit to the clinic.

— — — —

Strongly disagree *Disagree* *Neither agree or disagree* *Agree* *Strongly agree*

15. Do you have any comments about your ratings, or would you like to tell us about anything else?

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Please tick one:

I am the patient

I accompanied the patient

We filled this out together

If you are willing to be contacted further about your experiences for the Memory Service, please leave your contact details (this is optional).

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Thank you for taking the time to complete this questionnaire.
Please return it in the envelope provided