

PLEASE COMPLETE AFTER YOUR APPOINTMENT

Hospital ID

ip*i* improving patient information

This questionnaire is about your appointment today and any decisions that were made about treatment. The answers you give will help us to understand more about blood disorders, and will be used to improve the organisation and delivery of health care.

Please read the information leaflet provided in the study pack and use it to decide if you would like to take part.

If you would like to take part:

- Please complete this form **AFTER** your appointment
- Please return completed forms to the box in the haematology clinic waiting room. Alternatively, return it to us in the Freepost envelope provided.

If you have any questions or need help filling in this form, please contact us using the information on the back page.

Questionnaire 2







ID
(office use only)

How was your appointment today?

Please answer the following questions by clearly marking the appropriate box.

1. In your appointment today, was a decision made about your treatment?

Yes No Not sure

If YES, please indicate who you feel made this decision?

- I made the decision on my own
- I made the decision taking into account my doctor's/nurse's opinion
- My doctor/nurse and I shared the responsibility
- My doctor/nurse made the decision, but considered my opinion
- I left the decision to my doctor/nurse

2. Did you discuss treatment options at this appointment?

Yes No → *if no, please go to question 5*

3. If treatment options were discussed, were any possible side effects described in a way you could understand?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Not sure

4. If treatment options were discussed, were you involved as much as you wanted to be in any decisions that were made?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Not sure





5. How much effort was made to help you understand your health issues?
(indicate with a cross ✕ on the scale below)



6. How much effort was made to listen to the things that matter most to you about your health issues?
(indicate with a cross ✕ on the scale below)



7. How much effort was made to include what matters most to you in choosing what to do next?
(indicate with a cross ✕ on the scale below)



8. Overall, did you feel you understood the discussion that took place in your appointment?

- Yes, I completely understood
- Yes, I understood some of it
- No, I didn't understand
- Not sure
- Not applicable

9. Do you think that the information you received today could have been improved?

- Yes
- No
- Not sure

If yes, please use the space below if there are any suggestions you would like to make.





10. Please use the space below if you would like to comment further or tell us anything else.

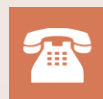
Signed:

Date form
completed:

Once you have completed the questionnaire please put it in the box in the haematology clinic waiting room, or return it to us in the freepost envelope provided. Our contact details are:



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Thank you for taking the time to complete this questionnaire

