

Example of a Survey for Callers to a Medicines Helpline for Patients

CONFIDENTIAL

You recently spoke to the Medicines Helpline at the hospital – we would like to know what you thought

We would like to invite you to take part in a survey to help us find out what you thought of the Medicines Helpline at Southampton General Hospital following your recent call.

You may remember you called us about

We would also like to know what happened to you after you spoke to us. This information will help us to develop the Medicines Helpline in the future.

You don't have to take part in this survey – it's up to you. If you do decide to take part, then please complete the questionnaire and return it in the stamped and addressed envelope provided. It should take about 10 minutes to complete.

Any information you provide will be held securely on a password-protected computer and in line with UK data protection law. Your future care in the NHS will not be affected by taking part in this survey.

If you have any questions about taking part then please contact xxxxxxxx

Please tell us what you thought of the Helpline

1. Were you able to contact us easily?

☐ Yes ☐ No ☐ Can't remember

2. Did our staff understand your needs correctly?

☐ Yes ☐ No ☐ Can't remember

3. Did we agree a convenient time to get back to you?

☐ Yes ☐ No ☐ Can't remember ☐ Not applicable

4. Did we get back to you on time?

☐ Yes ☐ No ☐ Can't remember ☐ Not applicable

5. Was our advice helpful?

☐ Yes ☐ No ☐ Can't remember

6. Did we give you enough information?

☐ Yes ☐ No ☐ Can't remember

7. Were you confident in the answer we gave you?

☐ Yes ☐ No ☐ Can't remember

8. Would you call the Helpline again if you needed more advice in the future?

☐ Yes ☐ No

We would like to know what happened after you spoke to us

9. Did you follow the advice that the Helpline staff gave?

- ☐ **Yes** ☐ **No** ☐ **Partly** ☐ **Not applicable**

10. What happened after you spoke to us?

? Please tick all that apply

- ☐ I was able to start taking my medicine
- ☐ A problem with my medicine was avoided
- ☐ I changed how I took my medicine
- ☐ My symptoms improved
- ☐ I contacted another healthcare professional
- ☐ My medicine was changed
- ☐ I felt reassured about my medicine or illness
- ☐ I obtained a supply of my medicine
- ☐ The problem was sorted out
- ☐ I became more worried about my medicine or illness
- ☐ I kept taking my medicines in the same way
- ☐ I was able to stop taking my medicine
- ☐ Something else – please tell us here

11. In your own words, please tell us what would you have done if the Helpline service didn't exist?

12. Overall, what is your opinion of the Medicines Helpline service? Please circle the number that most closely represents your view.

Poor								Excellent
	1	2	3	4	5	6		

13. Do you think you were given enough information about your medicines to take home when you were last at the hospital?

☐ Yes	☐ No	☐ Can't remember
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14. Were you given the chance to ask any questions about your medicines before you left hospital last time?

☐ Yes	☐ No
☐ Can't remember	☐ I didn't have any questions

15. Who gave you your medicines to take home when you were last at the hospital?

☐ Hospital pharmacy	☐ Hospital ward
☐ Outpatient clinic	☐ Other – please tell us

16. What is your gender?

☐ Male	☐ Female
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17. What is your date of birth?

D	D	M	M	Y	Y	Y	Y
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Thank you for your time. Please return this questionnaire in the envelope provided.