Ambulance Service Questionnaire

What is the survey about?
This survey is about your recent experience of the ambulance service.

Who should complete the questionnaire?
The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view - not the point of view of the person who is helping.

Completing the questionnaire.
For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Your participation in this survey is voluntary.
If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated in confidence.

Please return this questionnaire to:
Picker Institute Europe,
FREEPOST RRHK-KHZA-UKRU,
Wembley, HA0 4PE

No stamp is needed.

Am I not anxious or depressed
I am moderately anxious or depressed
I am extremely anxious or depressed

Thank you very much for your help
Please check that you answered all the questions that apply to you.
Please post this questionnaire back in the FREEPOST envelope provided.

Calling the ambulance

Before the ambulance service was called, did you (or the person who called the ambulance service) consider calling any other organisation or service for help? (E.g. NHS Direct, GP)

Yes
No
Don’t know / Can’t remember

Where were you when the ambulance service was called?

At home
In a public place
Somewhere else
Don’t know / Can’t remember

When the call was put through to the ambulance service control room…

Did you speak to the operator?

Yes
No, someone else spoke to them on my behalf
Don’t know / Can’t remember

Am I extremely anxious or depressed

IF YOU SPOKE TO THE OPERATOR AT THE AMBULANCE CONTROL ROOM PLEASE GO TO QUESTION 4.

IF SOMEONE ELSE SPOKE TO THE OPERATOR PLEASE GO TO QUESTION 14.

Your own health state today
By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

42. Mobility
I have no problems in walking about
I have some problems in walking about
I am confined to bed

43. Self-Care
I have no problems with self-care
I have some problems washing or dressing myself
I am unable to wash or dress myself

44. Usual Activities (e.g. work, study, housework, family or leisure activities)
I have no problems with performing my usual activities
I have some problems with performing my usual activities
I am unable to perform my usual activities

45. Pain / Discomfort
I have no pain or discomfort
I have moderate pain or discomfort
I have extreme pain or discomfort

46. Anxiety/Depression
I am not anxious or depressed
I am moderately anxious or depressed
I am extremely anxious or depressed

OTHER COMMENTS
If there is anything else you would like to tell us about your experience of the ambulance service, please do so here

Was there anything particularly good about your care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Category C Ambulance Survey Questionnaire. 04/09/08. Version 9

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4. Was the ambulance control room operator reassuring?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know / Can’t remember

5. How would you rate the courtesy of the ambulance control room operator?
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor
   6. Very poor

TELEPHONE ASSESSMENT AND ADVICE

Sometimes calls are passed on to a telephone advisor. Telephone advisors are nurses or paramedics trained by the ambulance service to provide assessment and advice over the telephone.

6. Did the ambulance control room operator pass your call on to a telephone advisor to assess your situation or give you advice over the phone?
   1. Yes
   2. No
   3. Don’t know / Can’t remember

7. How long did you have to wait to speak to the telephone advisor?
   1. It was as soon as I thought was necessary
   2. It should have been a bit sooner
   3. It should have been a lot sooner
   4. Not sure / Can’t remember

8. How do you feel about the length of time you waited before you spoke to the telephone advisor?
   1. It was as soon as I thought was necessary
   2. It should have been a bit sooner
   3. It should have been a lot sooner
   4. Not sure / Can’t remember

9. Was the telephone advisor reassuring?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don’t know / Can’t remember

10. How would you rate the courtesy of the telephone advisor?
    1. Excellent
    2. Very good
    3. Good
    4. Fair
    5. Poor
    6. Very poor

39. Do you have any of the following long-standing conditions? (TICK ALL THAT APPLY)
   1. Deafness or severe hearing impairment
   2. Blindness or partially sighted
   3. A long-standing physical condition
   4. A learning disability
   5. A mental health condition
   6. A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
   7. No, I do not have a long-standing condition

40. Does this condition(s) cause you difficulty with any of the following? (TICK ALL THAT APPLY)
    1. Everyday activities that people your age can usually do
    2. At work, in education, or training
    3. Access to buildings, streets, or vehicles
    4. Reading or writing
    5. People’s attitudes to you because of your condition
    6. Communicating, mixing with others, or socialising
    7. Any other activity
    8. No difficulty with any of these

41. To which of these ethnic groups would you say you belong? (Tick one only)
   a. WHITE
      1. British
      2. Irish
      3. Any other White background
   b. MIXED
      1. White and Black Caribbean
      2. White and Black African
      3. White and Asian
      4. Any other Mixed background
   c. ASIAN OR ASIAN BRITISH
      1. Indian
      2. Pakistani
      3. Bangladeshi
      4. Any other Asian background
   d. BLACK OR BLACK BRITISH
      1. Caribbean
      2. African
      3. Any other Black background
   e. CHINESE OR OTHER ETHNIC GROUP
      1. Chinese
      2. Any other ethnic group
15. Were you told how long you would have to wait for someone from the ambulance service to arrive?

1. Yes, definitely  → Go to 12
2. Yes, to some extent  → Go to 12
3. No  → Go to 12
4. I did not want / need any advice  → Go to 14
5. Don't know / Can't remember  → Go to 14

16. How do you feel about the length of time you were waiting before someone from the ambulance service arrived?

1. They arrived as soon as I thought was necessary
2. They should have arrived a bit sooner
3. They should have arrived a lot sooner
4. Not sure / Can't remember

32. Do you feel the ambulance service staff understood your needs?

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don't know / Can't remember

33. Were you involved as much as you wanted to be in decisions about your care and treatment?

1. Yes, definitely
2. Yes, to some extent
3. No
4. I did not want / need to be involved
5. Don't know / Can't remember

34. Was the main reason for your call to the ambulance service dealt with to your satisfaction?

1. Yes, completely
2. Yes, to some extent
3. No
4. Not sure / Can't say

35. Overall, how would you rate the care you received from the ambulance service?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor

36. How many times (including this one) have you used the emergency ambulance services in the last 12 months? (excluding any times you may have called an ambulance for someone else)

1. This was the only time
2. Twice
3. 3 - 4 times
4. More than 4 times
5. Don't know / Can't remember

37. Are you male or female?

1. Male
2. Female

38. What was your year of birth?

(Please write in) e.g. 1 9 3 4

19

39. Are you male or female?
28. How much information was given to you by the ambulance service to help you contact this service or organisation?
   1. Yes
   2. No
   3. No friends or relatives were with me
   4. No information was wanted / needed
   5. Don't know / Can't remember

IF YOU WERE NOT TAKEN TO HOSPITAL

IF YOU WERE NOT TAKEN TO HOSPITAL BY THE AMBULANCE SERVICE, OR YOU WENT TO HOSPITAL ON YOUR OWN, PLEASE GO TO QUESTION 26.

IF YOU WERE TAKEN TO HOSPITAL BY THE AMBULANCE SERVICE PLEASE GO TO QUESTION 30

29. Who were you put in touch with or told to contact? (TICK ALL THAT APPLY)
   1. A GP or nurse
   2. Accident & Emergency Department
   3. A walk in centre or minor injuries unit
   4. NHS Direct
   5. Social services
   6. Voluntary organisation (e.g. Age Concern, Samaritans etc.)
   7. Other service or organisation
   8. Don't know / Can't remember

OVERALL

Now thinking overall about your experience of the ambulance service on this occasion...

30. Overall do you feel the ambulance service staff treated you with respect and dignity?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don't know / Can't remember

31. Do you feel the ambulance service staff listened carefully to what you had to say?
   1. Yes, definitely
   2. Yes, to some extent
   3. No
   4. Don't know / Can't remember