



Are you happy with your wheelchair service?



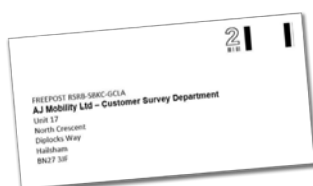
We, at AJM Healthcare, want to improve the service we provide.



But first, we need to know what you think.



Please tell us what you think by answering the questions starting on the next page.



Then send your answers back using the envelope we have given you. You don't need a stamp.

Question 1: Which area do you live in?

Question 2: Are you...

☐

An adult

☐

A child

Question 3: Are you...



☐ The wheelchair user



☐ A carer



☐ A Personal Assistant



☐ A Family Member

☐ Other - please say



Question 4: What was the date of your last appointment with us at home or at a clinic?



Question 5: Who did you see? What was their name or staff ID code?

Question 6: Why did you see them?

☐

For an assessment or re-assessment.
An assessment is when we meet with you to find out which is the best wheelchair for you.

☐

You were being given a new wheelchair.

☐

Your wheelchair was being repaired.

Other - please say

☐



Question 7: Would you tell your friends and family to use this service if they needed a wheelchair?



Yes,
definitely

☐

Yes

☐

Not sure

☐

No

☐

Definitely
not

☐

Don't
know

☐

Is there anything else you would like to say?



About the service



Question 8a: Did the wheelchair staff treat you with respect?



Yes,
definitely

☐

Yes

☐

Not sure

☐

No

☐

Definitely
not

☐

Don't
know

☐

Question 8b: Were you seen at a time that was good for you?



Yes,
definitely

☐

Yes

☐

Not sure

☐

No

☐

Definitely
not







☐

Don't
know

☐









Question 8c: Did they listen to you?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









Question 8d: Did you understand what they told you?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your assessment









Question 9a: Were you involved in making decisions about your care?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









Question 9b: Did you get the care or service that you needed?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









Question 9c: Did your carer or personal assistant get the help they needed?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









Question 9d: Were you happy with the time you had to wait to be seen?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Question 9e: Were you happy with the way your referral happened?

					
Yes, definitely	Yes	Not sure	No	Definitely not	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Getting your wheelchair



Question 10: Were you happy with the time it took to get your wheelchair or other equipment?



Yes,
definitely

☐

Yes

☐

Not sure

☐

No

☐

Definitely
not

☐

Don't
know

☐

Question 11: If your wheelchair was being repaired, were you happy with the quality of the work?



Yes,
definitely

☐

Yes

☐

Not sure

☐

No

☐

Definitely
not

☐

Don't
know

☐

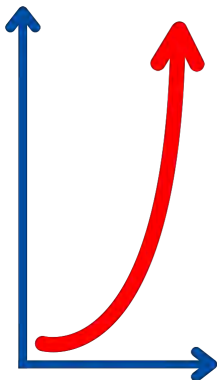
Other comments



Question 12: Please give us more information or comments from these questions.



Question 13: What did the wheelchair service do well?



Question 14: How could we improve the service?

About you



We want to look into anything that you are not happy with. Please give us your name, postcode and date of birth so we can look into your case.

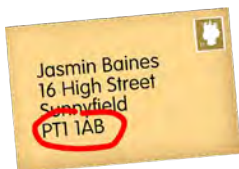


We will keep your personal information private.



Question 15: What is your name?

Question 16: What is your postcode?



Question 17: What is your date of birth?



More about you



Please answer these questions about yourself. Your answers will help us to make sure that we are providing a good service to all the different communities of people.



We will keep all your personal information private.

Question 18: Are you....

☐

Male

☐

Female

☐

Other

☐

I don't want to say

Question 19: What is your ethnic group?



White

- ☐ British
- ☐ Irish
- ☐ Any other Whitebackground



Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixedbackground



Asian

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asianbackground



Black

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background



Other Ethnic Groups

- ☐ Chinese
- ☐ Any other ethnic groups, please say
- ☐ Don't know
- ☐ I don't want to say

Question 20: What is your religion or belief?



☐ Baha'i



☐ Buddhist



☐ Christian

☐ Hindu



☐ Jain



☐ Jewish



☐ Muslim



☐ Pagan



☐ Sikh

☐ Zoroastrian

☐ Other

☐ None

☐ Prefer not to say

☐ I don't know



Question 21: Are you married or in a civil partnership?

☐

Yes

☐

No

☐

Prefer not to say



Question 22: Are you...

☐

Gay - attracted to people of the same sex

☐

Heterosexual - attracted to people of the opposite sex

☐

Prefer not to say



Question 23: Are you disabled?

☐

Yes

☐

No

☐

Prefer not to say

Question 24: If you are disabled, what sort of disability do you have?



☐ Learning disability



☐ Blind or partially sighted



☐ Deaf or difficulty with hearing



☐ Difficulty with moving around



☐ Mental health difficulty



☐ A disability that people can't see



☐ Many different disabilities



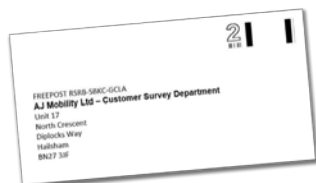
☐ Autism

☐ Other - please say

Thank you



Thank you for giving us this information.



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If you need more information please contact us at:

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