



# Service User Satisfaction Survey

At AJM, we are committed to improving the wheelchair services we provide. To do this, we need your feedback. In completing this questionnaire, you might like to consider the relevant items from the following list:

- Appointment booking process
- Timing of the appointment
- Waiting time to be seen and to receive your equipment
- Quality of work completed
- Whether you received the care, service, or information you needed
- Support and training given about the use of equipment
- If the needs of your carer or personal assistant were met
- Whether the equipment helped your posture and/or level of independence
- PWB (personal wheelchair budgets): whether you were informed about this NHS scheme

AJM will not disclose any of your information to any third party and will treat all information provided in the strictest of confidence.

**What was the service user's age bracket at the time of the appointment (Choose one)**

- ☐ Child (under 18 years)
- ☐ Young person (aged 18 - 25 years)
- ☐ Aged 26+ years

**Who are you? (Choose one)**

- ☐ Service user
- ☐ Carer, support worker, personal assistant or advocate
- ☐ Family member/friend
- ☐ Professional supporting the service user

**What was the date of your appointment?     /     /**

**What was the name of the staff member you saw?**

**What was the reason for your appointment? (Choose the one which fits best)**

- |  |  |
|--|--|
| <input type="checkbox"/> Assessment/review | <input type="checkbox"/> Interim fitting/trial |
| <input type="checkbox"/> Delivery/handover | <input type="checkbox"/> Repair/service        |

**NHS Friends and Family test: overall, how was your experience of our service?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Very good             | <input type="checkbox"/> Poor       |
| <input type="checkbox"/> Good                  | <input type="checkbox"/> Very poor  |
| <input type="checkbox"/> Neither good nor poor | <input type="checkbox"/> Don't know |

## General questions

**Did staff treat you or the person you supported with dignity and respect?**

☐ Yes, definitely      ☐ To some extent      ☐ No

**Did they talk to you or the person you supported in a way you/they could understand?**

☐ Yes, definitely      ☐ To some extent      ☐ No

**Did they listen to you/the person you supported?**

☐ Yes, definitely      ☐ To some extent      ☐ No

**What did the service do well?**

**How could we improve the service?**

**Can we share your comments publicly?**

☐ Yes, that's okay      ☐ No, please keep them private

**How was this survey completed?**

☐ Online      ☐ Paper      ☐ Telephone

Thank you for taking the time to complete this survey; your feedback will be used to develop our services. If you would like us to review your individual case, please provide your:

Name	Date of birth	Postcode

We might not have asked everything you wanted: if so, please call us or email [hello@wheelchair.services](mailto:hello@wheelchair.services)

Please consider joining one of our service user forums. If you would like to find out more, please provide your email address:

Thank you for helping us to improve our service to you.

If you require this leaflet in large print or in another language, please contact us by calling 0330 128 1260 or by emailing [surveyadmin@ajmhealthcare.org](mailto:surveyadmin@ajmhealthcare.org)