



FOLD 2

Easy Read Having Your Say about our Community Services

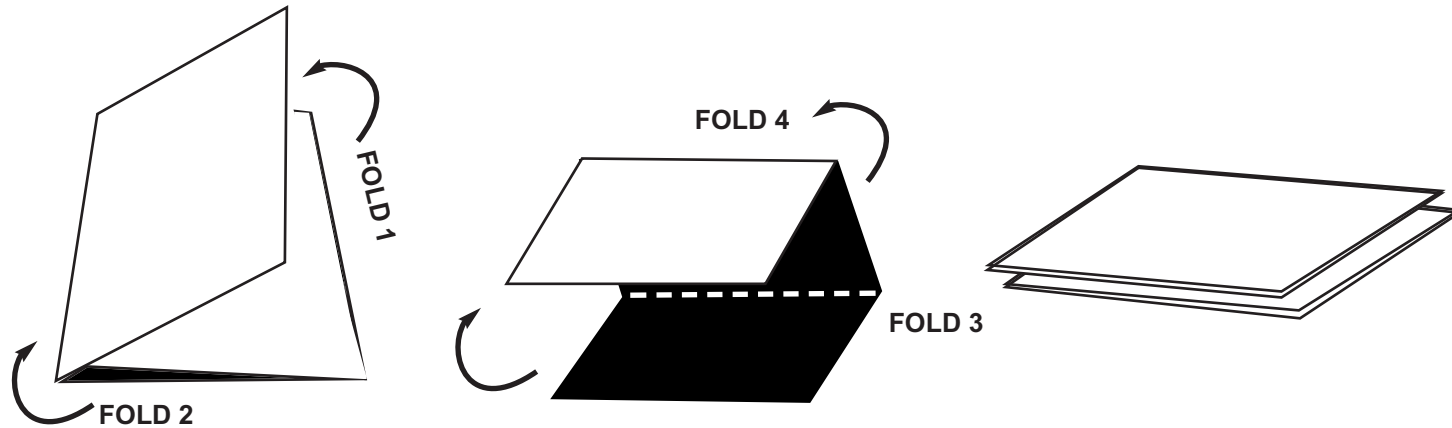
This information is required by Hertfordshire Partnership NHS Foundation Trust to help improve the quality of care we provide to service users with learning disabilities and mental health problems.



Please go through these questions with the service users and their carers who are receiving services from you.

Please ensure that this completed and sealed form is sent to the Service User and Carer Experience Team whilst the service user is still receiving treatment.

How to fold this questionnaire for posting:



FOLD 3

FOLD 4

FREEPOST ANG0115
Service User and Carer Experience Team
Hertfordshire Partnership NHS Foundation Trust
99, Waverley Road
St Albans
Hertfordshire
AL3 5BR

1. Was the service you used friendly and welcoming?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do staff listen to you?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care and Treatment



3. Do you have a care plan?

Yes
 No
 Don't know

4. Do staff talk give you clear information about your care plan?

Yes
 No
 Don't know

5. Do you understand what they said about your care plan?

Yes
 No
 Don't know

6. Are you involved with the choice of your treatment?

Yes
 No
 Don't know

Environment



7. Was the time of your appointment good for you?

Yes
 No
 Don't know

8. Did you have a choice in the time you were seen?

Yes
 No
 Don't know

9. Was the place where you went for your appointment easy to get to?

Yes
 No
 Don't know

10. Did you have any of the following:

Was it helpful?

Talking Therapy (Psychology)

Yes
 No
 Don't know

Art Therapy

Yes
 No
 Don't know

Music Therapy

Yes
 No
 Don't know

Drama Therapy

Yes
 No
 Don't know

Speech and Language Therapy

Yes
 No
 Don't know

Daily Activities

Yes
 No
 Don't know



Please use this box if you would like to make any comments or tell us anything else.

If you would like to get more involved in improving services, you can contact:

Patient and Public Involvement Lead
Hertfordshire Partnership NHS Foundation Trust
99 Waverley Road, St Albans, Herts AL3 5TL
Tel: 01727 804761

For information about our services or if you require this information in a different language you can call the Patient Advice and Liaison Service on 01727 804629.

W razie potrzeby powyższy tekst można otrzymać w innym formacie lub innym języku. Informacji w tej sprawie udziela:
Patient Advice & Liaison Service Tel: 01727 804629, Fax: 01727 804967.(Polish)

Se avete bisogno di queste informazioni in una lingua o in un formato differente, vi preghiamo di contattare: Patient Advice & Liaison Service (Servizio relazioni e consigli per i pazienti) Tel: 01727 804629, Fax: 01727 804967.(Italian)

আপনি যদি এই লেখাটি অন্য কোনও ভাষায় বা অন্য কোনও প্রকারে পেতে চান তাহলে অনুগ্রহ করে নিচের নাম্বারে যোগাযোগ করবেন :

পেশেন্ট অ্যাডভাইস অ্যান্ড লিয়েজন সার্ভিস (রোগীদের পরামর্শ দেওয়া ও তাদের সাথে যোগাযোগ রাখার পরিষেবা) (Patient Advice & Liaison Service) **01727 804629** টেলিফোন : **01727 804629** ফ্যাক্স : **01727 804967** (Bengali) **01727 804629** ٹیلیفون : **01727 804629** فیکس : **01727 804967** (Urdu)

MOISTEN HERE

About you (please tick box)

I am Male Female

Age

Ethnic group

White

British
Irish
Other White background

Mixed

White and Black Caribbean
White and Black African
White and Asian
Other Mixed background

Chinese

Black or Black British
Caribbean
African
Other Black background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Other Asian background
Not Stated

What next

If you would like to complete this form over the phone please contact the Patient Advice and Liaison Service on 01727 804629

(Monday to Friday: 9 am to 3.30 pm). You may also complete it on our website at www.hertspartsft.nhs.uk

Please give us your name and address below, if you have ticked any of the boxes

If you would like information about helping to make our services better please tick here.

This survey is designed to help us improve services. We produce reports on what we have done in response to what you and other service users and carers have said. If you would like a copy of the next report, please tick here.

If you want your comments to be treated as a formal complaint, please tick here.

Title:

Surname:

Forename:

House no or name:

Street:

Town:

County:

Postcode:

MOISTEN AND SEAL

MOISTEN AND SEAL