**Patient Questionnaire & Guide**

**(Easy Read)**

We are reviewing Neurology Services provided in the Greater Belfast area.

Tell us about your experiences of Neurology Services.

Tell us if you had concerns.

Tell us if you raised a complaint.

Tell us what the concern or complaint was.

What answer did you get?

Add your personal contact details as the Inquiry Panel might need to contact you.

A full guide and questionnaire can be sent to you.

**QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Have you been a neurology patient in the Greater Belfast area? | Yes | No |
|  |  |

|  |
| --- |
| When were you a patient? (please provide dates) |
|  |

|  |
| --- |
| Where were you a patient (locations)? |
|  |

**IF YOU HAD A CONCERN –**

**DID YOU RAISE IT OR MAKE A COMPLAINT**

|  |  |  |
| --- | --- | --- |
| Did you raise a concern or make a complaint about your treatment? | Yes | No |
|  |  |

|  |
| --- |
| If Yes, what was the nature of your concerns/complaint? |
|  |

|  |
| --- |
| Who did you raise the concern or complaint with? |
|  |

|  |
| --- |
| How did you raise the complaint (Please tick)? |
| In Writing |  |
| By email |  |
| Verbally |  |

|  |  |  |
| --- | --- | --- |
| Did you receive an acknowledgement or a response to your concern or complaint? | Yes | No |
|  |  |

|  |
| --- |
| What was the outcome (what happened)? |
|  |

|  |  |  |
| --- | --- | --- |
| Can you provide copies of any correspondence? | Yes | No |
|  |  |

**IF YOU HAD A CONCERN BUT DIDN’T COMPLAIN**

|  |
| --- |
| What was the nature of your concern(s)? |
|  |

|  |
| --- |
| Why did you not raise your concern(s) at the time? |
|  |

|  |
| --- |
| Did anything prevent you from raising your concern(s)? |
|  |

**ANY OTHER INFORMATION**

|  |
| --- |
| Please provide any additional information which you feel will be of relevance to the Inquiry. |
|  |

**CHECKLIST**

I have enclosed the following: -

|  |  |
| --- | --- |
|  | Tick |
| Completed questionnaire |  |
| Supporting information (Copies only) |  |
| Additional sheets (if needed) |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone No. |  |
| Email |  |

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_\_/2019

Signed Date

Return questionnaire to:-

**Independent Neurology Inquiry**

**106 University Street**

**Belfast**

**BT7 1EU**

Contact us

|  |  |
| --- | --- |
|  | Telephone 028 9025 1133 |
|  | Email info@neurologyinquiry.org.uk  |