



**7. Did the person you spoke to provide clear instructions/advice of the next steps?**

- Yes       No       Not Sure       Not Applicable

**8. Did the person you spoke to provide clear advice on what to do if things got worse?**

- Yes       No       Not Sure       Not Applicable

**9. Did the advice help with your /the patient's health concern?**

- Yes       No       Partially

**10. If not, why not? (please choose as many as apply)**

- I wasn't sure what I was being told to do  
 I didn't feel that the advice was appropriate for my needs  
 I had problems accessing the service that I was referred to  
 I started to feel better without help  
 I didn't want to bother the service that I had been advised to speak to / see  
 Not Applicable  
 Other (Please specify) \_\_\_\_\_
- 

**11. If you had to wait for a clinician to call you, were you advised how long you should expect to wait? (please choose one)**

- Yes       No       Not Sure       Not Applicable

**12. Did you receive the call back within the time you had been advised? (please choose as many as apply)**

- Yes  
 No, I had to call back to chase it up  
 No, I gave up waiting and used another health service  
 No, I did not receive a call back  
 Other (Please specify) \_\_\_\_\_
-



# 111 Patient Satisfaction Questionnaire



Practice  
Plus  
Group

**13. If you were referred to a service, were you/the patient expected by the staff and were they aware of your/the patient's health concern?**

- Yes       No       Not Sure       Not Applicable

**14. Do you feel you were treated with dignity and respect by the 111 staff?**

- Strongly Agree     Agree       Neither Agree nor Disagree     Disagree     Strongly Disagree

**15. Would you recommend using NHS 111?**

- Yes       No       Not Sure

**16. Are there any other suggestions or comments you can make to help us improve our services in the future?**

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*Sometimes we contact patients to discuss their feedback further, if you would like a response to your feedback please leave your contact details below.*

**Please tell us your name** \_\_\_\_\_

**Please enter your email address** \_\_\_\_\_

(this will only be used to contact you about our feedback)

**Please enter your phone number (optional)** \_\_\_\_\_

*Thank you.*

*Please return this completed form to a member of staff or post it in the feedback box.*