

Wheelchair Service User Satisfaction Survey

The NHS Wheelchair Service is committed to improving the service we provide. To do this, we need your feedback.

AJM Healthcare will not disclose any of your information to any third party.

AJM will treat all the information provided in the strictest of confidence.

* These questions require a response. Please type N/A if you do not wish to provide this information.

We thank you for taking the time to complete the survey. Please return to us using the Freepost label on the final page.

If you prefer, you can complete the survey online at: <http://www.ajmhealthcare.com/ajm-wcs-survey>.

1. Which area do you live in?	

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*2. Are you or the service user Please tick one box	*Mandatory response required
<input type="checkbox"/>	Adult
<input type="checkbox"/>	Child – up to 19 years

*3. Are you... Please tick one box	*Mandatory response required
<input type="checkbox"/>	The wheelchair user
<input type="checkbox"/>	The carer
<input type="checkbox"/>	The Personal Assistant (PA)
<input type="checkbox"/>	A family member
<input type="checkbox"/>	Other (please specify)

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*Mandatory response required

Enter response below

***4. When was the date of your appointment or visit?**

This is the date you saw the therapist or technician either at home or a clinic.

5. What is the staff ID code of the AJM therapist, engineer or technician who saw you?

(If you don't know their code, please ask them or provide their name)

***6. What was the reason for the visit? (If unknown, ask your AJM therapist, engineer or technician)**

(Tick one or more below)

Assessment or Re-assessment

Delivery or Collection

Repair or Maintenance

Other (please specify)

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<p>*7. NHS Friends and Family Test. Would you tell your friends and family to use this service, if they needed a wheelchair? Please tick one box</p>	<p>*Mandatory response required</p>
<input type="checkbox"/>	<p>Extremely Likely</p>
<input type="checkbox"/>	<p>Likely</p>
<input type="checkbox"/>	<p>Neither Likely nor unlikely</p>
<input type="checkbox"/>	<p>Unlikely</p>
<input type="checkbox"/>	<p>Extremely Unlikely</p>
<input type="checkbox"/>	<p>Don't Know</p>
<p>Is there anything else you want to add:</p>	

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12. Please add any detail or further comments on the above questions:

13. What did the Wheelchair Service do well?

14. How could we improve the service?

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Please be assured that the AJM management team and the NHS want to hear about any part of the service that has fallen short of your expectations. By providing us with your name and postcode, we will be able to complete a thorough review of the services provided and make necessary changes to ensure that lessons are learnt.

15. What is your name?	
16. What is your postcode?	
17. What is your date of birth?	Use today's date if you wish to remain anonymous

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Diversity Monitoring (This section is optional)

Ensuring our services are accessible to all. We wish to ensure that we provide personal, fair and diverse services for patients and carers and their families. The information requested below will help us to identify any inadequacies or gaps. No individual details from this will be disclosed.

I prefer not to answer this section:
 (please go to the next section)

1 What is your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
2 What is your ethnic group? (Please write selecting from the list on page 9 or specify if 'other')				
3 What is your religion or belief? (Please write selecting from the list on page 10)				
4 Are you married or in a civil partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
5 Which term would best describe your sexuality?	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
6 Do you have a disability which affects your ability to carry out day to day activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
7 If you have answered yes, please indicate the nature of your disability (tick as many as are applicable)	Learning Disability <input type="checkbox"/>	Blind / Partially sighted <input type="checkbox"/>	Deaf / Hearing Impairment <input type="checkbox"/>	Mobility Difficulties <input type="checkbox"/>
	Mental Health Difficulty <input type="checkbox"/>	Unseen Disability <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>	Autistic Spectrum Disorder <input type="checkbox"/>
	Other : Please write			

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Ethnic Group

White

- British
- Irish
- Any other White background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other Ethnic Groups

- Chinese
- Any other, please write in
- Not known

Prefer not to say

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Religion or Belief

- Baha'i
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian
- Other
- None
- Prefer not to say
- Unknown

Office Use Only		
9. Manually input by AJM	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Please attach the Freepost Address Label to your envelope.



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