



# Ambulance Service Questionnaire

## What is the survey about?

This survey is about your recent experience of the ambulance service.

## Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

## Completing the questionnaire.

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

## Your participation in this survey is voluntary.

If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated **in confidence**.

## CALLING THE AMBULANCE

1. Before the ambulance service was called did you (or the person who called the ambulance service) consider calling any other organisation or service for help? (E.g. NHS Direct, GP)

- 1  Yes
- 2  No
- 3  Don't know/ Can't remember

2. Where were you when the ambulance service was called?

- 1  At home
- 2  In a public place
- 3  Somewhere else
- 4  Don't know/ Can't remember

*When the call was put through to the ambulance service control room...*

3. Did **you** speak to the operator?

- 1  Yes **→ Go to 4**
- 2  No, someone else spoke to them on my behalf **→ Go to 14**
- 3  Don't know/ Can't remember **→ Go to 6**

**IF YOU SPOKE TO THE OPERATOR AT THE AMBULANCE CONTROL ROOM PLEASE GO TO QUESTION 4.**

**IF SOMEONE ELSE SPOKE TO THE OPERATOR PLEASE GO TO QUESTION 14**

4. Was the ambulance control room operator reassuring?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

5. How would you rate the courtesy of the ambulance control room operator?

- 100<sub>1</sub>  Excellent  
80<sub>2</sub>  Very good  
60<sub>3</sub>  Good  
40<sub>4</sub>  Fair  
20<sub>5</sub>  Poor  
0<sub>6</sub>  Very poor

## TELEPHONE ASSESSMENT AND ADVICE

*Sometimes calls are passed on to a telephone advisor. **Telephone advisors** are nurses or paramedics trained by the ambulance service to provide assessment and advice over the telephone.*

6. Did the ambulance control room operator pass your call on to a **telephone advisor** to assess your situation or give you advice over the phone?

- <sub>1</sub>  Yes → **Go to 7**  
<sub>2</sub>  No → **Go to 14**  
<sub>3</sub>  Don't know/ Can't remember → **Go to 14**

REMEMBER: THESE QUESTIONS ARE ABOUT THE TELEPHONE ADVISOR, **NOT** THE AMBULANCE CONTROL ROOM OPERATOR

7. How long did you have to wait to speak to the telephone advisor?

- 100<sub>1</sub>  I spoke to them straight away  
75<sub>2</sub>  15 minutes or less  
50<sub>3</sub>  More than 15 minutes but less than half an hour  
0<sub>4</sub>  More than half an hour  
- 5  Don't know/ Can't remember

8. How do you feel about the length of time you waited before you spoke to the telephone advisor?

- 100<sub>1</sub>  It was as soon as I thought was necessary  
50<sub>2</sub>  It should have been **a bit sooner**  
0<sub>3</sub>  It should have been **a lot sooner**  
- 4  Not sure/ Can't remember

9. Was the telephone advisor reassuring?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

10. How would you rate the courtesy of the telephone advisor?

- 100<sub>1</sub>  Excellent  
80<sub>2</sub>  Very good  
60<sub>3</sub>  Good  
40<sub>4</sub>  Fair  
20<sub>5</sub>  Poor  
0<sub>6</sub>  Very poor

11. Did you feel you were given enough advice on the telephone about what to do?

- 100<sub>1</sub>  Yes, definitely → Go to 12
- 50<sub>2</sub>  Yes, to some extent → Go to 12
- 0<sub>3</sub>  No → Go to 12
- 4  I did not want/ need any advice → Go to 14
- 5  Don't know/ Can't remember → Go to 12

12. Did they explain the advice they gave you in a way you could understand?

- 100<sub>1</sub>  Yes, definitely
- 50<sub>2</sub>  Yes, to some extent
- 0<sub>3</sub>  No
- 4  Don't know/ Can't remember

13. How would you rate the advice you were given over the telephone?

- 100<sub>1</sub>  Excellent
- 80<sub>2</sub>  Very good
- 60<sub>3</sub>  Good
- 40<sub>4</sub>  Fair
- 20<sub>5</sub>  Poor
- 0<sub>6</sub>  Very poor

## ATTENDANCE BY THE AMBULANCE SERVICE

*This section is about any ambulance service staff who may have come out to help you. This could be an ambulance crew, or a single responder in a car or anyone else from the ambulance service.*

14. Did anyone from the ambulance service come out to help you?

- 1  Yes → Go to 15
- 2  No – but I think they should have → Go to 26
- 3  No – and I agreed with this decision → Go to 26
- 4  Don't know/ Can't remember → Go to 23

IF THE AMBULANCE SERVICE CAME OUT TO HELP YOU PLEASE GO TO QUESTION 15

IF THE AMBULANCE SERVICE **DID NOT** COME OUT TO HELP YOU PLEASE GO TO QUESTION 26.

15. Were you told **how long** you would have to wait for someone from the ambulance service to arrive?

- 1  Yes, but the wait was **shorter**
- 2  Yes, and I had to wait about as long as I was told
- 3  Yes, but the wait was **longer**
- 4  No, I was not told
- 5  Don't know/ Can't remember

16. How do you feel about the length of time you were waiting before someone from the ambulance service arrived?

- 100<sub>1</sub>  They arrived as soon as I thought was necessary
- 50<sub>2</sub>  They should have arrived **a bit sooner**
- 0<sub>3</sub>  They should have arrived **a lot sooner**
- 4  Not sure/ Can't remember

17. Was the person(s) who came out to help you reassuring?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

18. Did you have trust and confidence in them?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

19. Were you in any pain at the time?

- <sub>1</sub>  Yes → **Go to 20**  
<sub>2</sub>  No → **Go to 21**

20. Do you think they did everything they could to help control your pain?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

21. Did they explain your care and treatment in a way you could understand?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  No explanation was needed  
- 5  I did not receive any treatment from the person(s) who came out to help me  
- 6  Don't know/ Can't remember

22. If friends or relatives were with you, do you think they were given enough information about your condition and treatment?

- 100<sub>1</sub>  Yes  
0<sub>2</sub>  No  
- 3  No friends or relatives were with me  
- 4  No information was wanted/ needed  
- 5  Don't know/ Can't remember

## TRANSPORT

23. Were you provided with transport by the ambulance service?

- <sub>1</sub>  Yes → **Go to 24**  
<sub>2</sub>  No → **Go to 26**

24. How clean was the inside of the ambulance or ambulance car?

- 100<sub>1</sub>  Very clean  
67<sub>2</sub>  Fairly clean  
33<sub>3</sub>  Not very clean  
0<sub>4</sub>  Not at all clean  
- 5  I was not provided transport in an ambulance or ambulance car  
- 6  Don't know/ Can't remember

25. Were you taken to a hospital?

- <sub>1</sub>  Yes → **Go to 30**  
<sub>2</sub>  No → **Go to 26**

## IF YOU WERE NOT TAKEN TO HOSPITAL

IF YOU WERE **NOT** TAKEN TO HOSPITAL BY THE AMBULANCE SERVICE, OR YOU WENT TO HOSPITAL ON YOUR OWN, PLEASE GO TO QUESTION 26.

IF YOU **WERE** TAKEN TO HOSPITAL BY THE AMBULANCE SERVICE PLEASE GO TO QUESTION 30

26. Did you agree with the decision not to be taken to hospital by the ambulance service?

- 1  Yes
- 2  No
- 3  Not sure
- 4  I was advised to go to hospital but chose not to

27. Did the ambulance service put you in touch with, or tell you to contact, any other parts of the NHS or any other organisations?

- 1  Yes – I was put in touch with someone else → **Go to 29**
- 2  Yes – I was told to contact them myself → **Go to 28**
- 3  No → **Go to 30**
- 4  Don't know/ Can't remember → **Go to 30**

28. How much information was given to you by the ambulance service to help you contact this service or organisation?

- 0<sub>1</sub>  Not enough
- 100<sub>2</sub>  Right amount
- 0<sub>3</sub>  Too much
- 4  I did not want/ need any information

29. Who were you put in touch with or told to contact? (**TICK ALL THAT APPLY**)=

- 1  A GP or nurse
- 2  Accident & Emergency Department (A&E)
- 3  A walk in centre or minor injuries unit
- 4  NHS Direct
- 5  Social services
- 6  Voluntary organisation (e.g. Age Concern, Samaritans etc.)
- 7  Other service or organisation
- 8  Don't know/ Can't remember

## OVERALL

*Now thinking overall about your experience of the ambulance service on this occasion...*

30. Overall do you feel the ambulance service staff treated you with respect and dignity?

- 100<sub>1</sub>  Yes, definitely
- 50<sub>2</sub>  Yes, to some extent
- 0<sub>3</sub>  No
- 4  Don't know/ Can't remember

31. Do you feel the ambulance service staff listened carefully to what you had to say?

- 100<sub>1</sub>  Yes, definitely
- 50<sub>2</sub>  Yes, to some extent
- 0<sub>3</sub>  No
- 4  Not applicable – I did not need to say anything
- 5  Don't know/ Can't remember

## ABOUT YOU

*All the questions should be answered by the person named on the front of the envelope that this questionnaire was sent in. If you are helping someone to fill in the questionnaire, the answers given should still be from the point of view of the person named on the envelope.*

32. Do you feel the ambulance service staff understood your needs?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Don't know/ Can't remember

33. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 100<sub>1</sub>  Yes, definitely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  I did not want/ need to be involved  
- 5  Don't know/ Can't remember

34. Was the main reason for your call to the ambulance service dealt with to your satisfaction?

- 100<sub>1</sub>  Yes, completely  
50<sub>2</sub>  Yes, to some extent  
0<sub>3</sub>  No  
- 4  Not sure / Can't say

35. Overall, how would you rate the care you received from the ambulance service?

- 100<sub>1</sub>  Excellent  
80<sub>2</sub>  Very good  
60<sub>3</sub>  Good  
40<sub>4</sub>  Fair  
20<sub>5</sub>  Poor  
0<sub>6</sub>  Very poor

36. How many times (including this one) have **you** used the **emergency** ambulance services in the last 12 months? (excluding any times you may have called an ambulance for someone else)

- 1  This was the only time  
2  Twice  
3  3 – 4 times  
4  More than 4 times  
5  Don't know / Can't remember

37. Are you male or female?

- 1  Male  
2  Female

38. What was your **year** of birth?

(Please write in) e.g. 

1	9	3	4
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1	9		
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39. Do you have any of the following long-standing conditions? **(TICK ALL THAT APPLY)**

- 1  Deafness or severe hearing impairment → **Go to 40**
- 2  Blindness or partially sighted → **Go to 40**
- 3  A long-standing physical condition → **Go to 40**
- 4  A learning disability → **Go to 40**
- 5  A mental health condition → **Go to 40**
- 6  A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy → **Go to 40**
- 7  No, I do not have a long-standing condition → **Go to 41**

40. Does this condition(s) cause you difficulty with any of the following? **(TICK ALL THAT APPLY)**

- 1  Everyday activities that people your age can usually do
- 2  At work, in education, or training
- 3  Access to buildings, streets, or vehicles
- 4  Reading or writing
- 5  People's attitudes to you because of your condition
- 6  Communicating, mixing with others, or socialising
- 7  Any other activity
- 8  No difficulty with any of these

41. To which of these ethnic groups would you say you belong? **(Tick one only)**

**a. WHITE**

- 1  British
- 2  Irish
- 3  Any other White background  
**(Please write in box)**

**b. MIXED**

- 4  White and Black Caribbean
- 5  White and Black African
- 6  White and Asian
- 7  Any other Mixed background  
**(Please write in box)**

**c. ASIAN OR ASIAN BRITISH**

- 8  Indian
- 9  Pakistani
- 10  Bangladeshi
- 11  Any other Asian background  
**(Please write in box)**

**d. BLACK OR BLACK BRITISH**

- 12  Caribbean
- 13  African
- 14  Any other Black background  
**(Please write in box)**

**e. CHINESE OR OTHER ETHNIC GROUP**

- 15  Chinese
- 16  Any other ethnic group  
**(Please write in box)**

## Your own health state today

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.

### 42. Mobility

- 1  I have no problems in walking about
- 2  I have some problems in walking about
- 3  I am confined to bed

### 43. Self-Care

- 1  I have no problems with self-care
- 2  I have some problems washing or dressing myself
- 3  I am unable to wash or dress myself

### 44. Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1  I have no problems with performing my usual activities
- 2  I have some problems with performing my usual activities
- 3  I am unable to perform my usual activities

### 45. Pain/Discomfort

- 1  I have no pain or discomfort
- 2  I have moderate pain or discomfort
- 3  I have extreme pain or discomfort

### 46. Anxiety/Depression

- 1  I am not anxious or depressed
- 2  I am moderately anxious or depressed
- 3  I am extremely anxious or depressed

## OTHER COMMENTS

If there is anything else you would like to tell us about your experience of the ambulance service, please do so here

Was there anything particularly good about your care?

Was there anything that could have been improved?

Any other comments?

**THANK YOU VERY MUCH FOR YOUR HELP**

**Please check that you answered all the questions that apply to you.**

**Please post this questionnaire back in the FREEPOST envelope provided.**

**No stamp is needed**