

How are we doing?



Kent and Medway
NHS and Social Care Partnership Trust

We would like feedback on the quality of your care. Thinking about your most recent contact with KMPT services:

Very good Good Average Poor Very poor Not applicable/ don't know

1. Do we organise the care and services you need well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did we involve you as much as you wanted in agreeing what care you receive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do we involve members of your family or those close to you as much as you would like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did you get the help you needed when you are in a crisis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did the person or people you saw understand how your mental health needs affect other areas of your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Did a KMPT worker check with you about how you are getting on with your medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do KMPT services give you any help or guidance with finding support for financial advice or benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you feel you have been seen by KMPT services often enough for your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall, how was your experience of our services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What was good about your experience?

11. What would make your experience better?

<p>12. Which of the following best describes your sexual orientation?</p> <p> <input type="radio"/> Heterosexual / Straight <input type="radio"/> Bisexual <input type="radio"/> Gay / Lesbian <input type="radio"/> Prefer not to say Other orientation, please write in: <input type="text"/> </p> <p>13. What is your religion?</p> <p> <input type="radio"/> Buddhist <input type="radio"/> Christian <input type="radio"/> Hindu <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> Sikh <input type="radio"/> No religion <input type="radio"/> Prefer not to say Other religion, please write in: <input type="text"/> </p> <p>14. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say </p>	<p>If yes, does this reduce your ability to carry out day-to-day activities?</p> <p> <input type="radio"/> Yes, a lot <input type="radio"/> Yes, a little <input type="radio"/> Not at all </p> <p>15. At birth your registered gender was...</p> <p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex <input type="radio"/> Prefer not to say </p> <p>16. Is your gender the same as the sex you were registered as at birth?</p> <p> <input type="radio"/> Yes <input type="radio"/> Prefer not to say No, please write your gender below: <input type="text"/> </p> <p>17. What is your ethnic group?</p> <p>a. White</p> <p> <input type="radio"/> English / Welsh / Scottish / Northern Irish / British <input type="radio"/> Gypsy or Irish Traveller <input type="radio"/> Irish <input type="radio"/> Roma </p>	<p>b. Mixed / multiple ethnic groups</p> <p> <input type="radio"/> White and Black Caribbean <input type="radio"/> White and Black African <input type="radio"/> White and Asian </p> <p>c. Asian British</p> <p> <input type="radio"/> Indian <input type="radio"/> Bangladeshi <input type="radio"/> Pakistani <input type="radio"/> Chinese </p> <p>d. Black / African / Caribbean / Black British</p> <p> <input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Arab </p> <p>Any other ethnic group, please write in: <input type="text"/> </p> <p>18. How old are you?</p> <p> <input type="radio"/> Under 18 <input type="radio"/> 19 - 29 <input type="radio"/> 30 - 39 <input type="radio"/> 40 - 59 <input type="radio"/> 60 - 80 <input type="radio"/> 80+ </p> <p><input type="radio"/> Please tick this box if you do not wish your comments to be made public.</p>
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This survey is conducted by Medway NHS and Social Care Partnership Trust (KMPT) who provide secondary mental health and other specialist services. We are asking for your views so we can learn more about your experience and provide better services. Please do not write your name or address on the questionnaire unless you wish us to contact you. Need help? If you need support or any advice about issues raised in the survey, please contact the Patient Advice and Liaison service on 0800 783 9972 (East Kent) or 0800 587 6757 (West Kent).



To give feedback on the quality of your care, please scan the QR code

Thank you for your time and feedback.

Team:

BRILLIANT CARE THROUGH BRILLIANT PEOPLE

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