



Rosewood Mother and Baby Unit



Patient Satisfaction Survey

We would be very interested in hearing your views on all aspects of your experience of using our service. Your views are very important to us, whether positive or negative, so we can understand where we need to make improvements and be more helpful. This questionnaire should take no longer than 10 minutes to complete, and you are under no obligation to participate. The information you provide will remain anonymous.

If you would prefer to complete this electronically please use this QR code:



	Very good 	Good 	Average 	Poor 	Very poor 	Not applicab don't kn
1. Did we organise the care and services you need well? Any comments:						
2. Did we involve you as much as you wanted in agreeing what care you receive? Any comments:						
3. Did we involve members of your family or those close to you as much as you would like? Any comments:						
4. Did we support you to feel safe? Any comments:						
5. Did we give you enough information about our services? Any comments:						
6. Did a staff member check with you about how you are getting on with your medicines? Any comments:						
7. Are you satisfied with the food and drinks provided? Any comments:						

8. Did you feel you were seen by staff often enough for your needs? Any comments:						
9. Overall, how was your experience of our services?						
10. What was good about your experience?						
11. What would make your experience better?						
	YES 			NO 		
12. I was admitted to the MBU soon after I was referred?						
Any comments?						
13. I was made to feel welcome when I was first admitted to the MBU?						
Any comments?						
14. Staff gave me all the relevant information about what my stay would involve?						
Any comments?						
15. Staff were supportive, understood my needs and prioritised my care?						
Any comments?						
16. Staff acted upon concerns I had, took an interest in me and were available to talk to?						
Any comments?						

17. Staff treated me with respect and compassion?		
Any comments?		
18. The environment was clean and tidy?		
Any comments?		
19. I was able to access all areas of the building I needed to without any problems?		
Any comments?		
20. The unit was well equipped and has all the items I need for me and my baby?		
Any comments?		
21. I think the therapeutic sessions/activities on offer met my needs?		
Any comments?		
22. I was offered an alternative support method before I was offered medication?		
Any comments?		
23. I was offered the opportunity to discuss my medication and side effects?		
Any comments?		
24. Any physical health care needs I had, we considered within my care plan?		
Any comments?		
25. My discharge plan included everything important for me to stay well in the future?		
Any comments?		

26. I felt the staff supported me to care and bond with my baby?		
Any comments?		
27. At the point of discharge I felt confident to care for my baby independently?		
Any comments?		
28. If applicable – I felt supported to breastfeed if I choose to?		
Any comments?		
29. We always want to improve our care, are there any improvements that could be made?		

Thank you for your time

To ensure that all members of our local communities are experiencing fair and satisfactory services from KMPT we would like to ask you to share some personal information about yourself. Sharing personal information will not affect the care that you or your loved one receive, but it will help us to deliver services that recognise and meet your needs.

Questions are on the following page

About you

To ensure that all members of our local communities are experiencing fair and satisfactory services from KMPT we would like to ask you to share some personal information about yourself. Sharing personal information will not affect the care that you or your loved one receive, but it will help us to deliver services that recognise and meet your needs.

<p>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>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>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>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>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>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>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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