



# Patient/Carer Satisfaction Survey - ADHD Service

## Section 1 - Hospital Clinic Visits

**1. During your consultations at the Clinics:**

a) Do you have sufficient opportunity to ask any questions?

<b>Yes</b>	
<b>NO</b>	

b) Do you feel able to ask all the questions you want to?

<b>Yes</b>		
<b>No</b>		

c) Are the questions answered in a way you can understand?

<b>Yes</b>		
<b>No</b>		

**Comments:**

**2. Are you told all you want to know about your child’s illness/condition?**

<b>Yes</b>		
<b>No</b>		

\*If “No”, what else you would like to know:

**3. Do you have the opportunity to ask any further questions?**

<b>Yes</b>		
<b>No</b>		

\*If 'Yes', were your questions answered in a way you could understand?

<b>Yes</b>		

**Comments:**

**4. Do you feel that you have adequate time at the clinics and that you are not rushed?**

<b>Yes</b>		
<b>No</b>		

**Comments:**

**5. Do you feel involved in the decisions taken about your child's care?**

<b>Yes</b>		
<b>No</b>		

**Comments:**

**6. Have you been given any written information about your child’s condition/treatment?**

<b>Yes*</b>		
<b>No **</b>		
<b>Blank</b>		

\*If Yes

Were you given sufficient written information?

Did you find this useful?

\*\*If No

Would you have liked to receive some?

**Comments:**

**7. When you leave the clinics, are you clear about what is going to happen next?**

(eg another appointment, further treatment, additional investigations)

<b>Yes</b>		
<b>No</b>		

If further treatment is planned, is the reason for this made clear to you?

<b>Yes</b>		
<b>No</b>		

**Comments:**

**8. How satisfied are you with the overall care and attention your child receives at the Clinic?**

<b>Very satisfied</b>	
<b>Satisfied</b>	
<b>Dissatisfied</b>	
<b>Satisfied/Dissatisfied</b>	

**Comments:**

**Section 2: Ongoing Care**

9. Have you had any input from the ADHD Specialist Nurse in the last year?

<b>Yes*</b>	
<b>No</b>	
<b>I didn't know there was a Specialist Nurse</b>	

\*If Yes, was this by:

<b>Telephone</b>	
<b>School Liaison</b>	
<b>TAC</b>	
<b>Other*</b>	
<b>Not recorded</b>	

\*Other:

What was this input for?

<b>General Information</b>	
<b>Medication</b>	
<b>Other*</b>	
<b>General Information + medication</b>	
<b>Not applicable</b>	
<b>Not recorded</b>	

- b) How useful did you find the information you received from the ADHD nurse (n=23)?
- Very useful
  - Useful
  - Of no use
  - Can't remember
- c) Please specify any other information you would like to have from the ADHD Nurse:

**10. Do you feel that the contact you have had with your ADHD Specialist Nurse has met, and continues to meet, both your and your child's needs?**

a) Your needs?

<b>Yes, completely</b>	
<b>Yes, mostly</b>	
<b>Only partially</b>	
<b>No, not at all</b>	
<b>Not applicable</b>	
<b>Not recorded</b>	

b) Your child's needs?

<b>Yes, completely</b>	
<b>Yes, mostly</b>	
<b>Only partially</b>	
<b>No, not at all</b>	
<b>Not applicable</b>	
<b>Not recorded</b>	

\*If not, please explain what kind of support you would like:

**11. Do you need more support for your child’s difficulties at home?**

<b>Yes</b>	
<b>No</b>	
<b>Not recorded</b>	

\*If Yes, please explain what kind of support you would like:

**12. Have you accessed any of the following organisations? (Please tick all that apply)**

	<b>Yes</b>	<b>No</b>	<b>Unaware</b>
<b>Angels</b>			
<b>ADD Vance</b>			
<b>Strengthening families</b>			
<b>Other parenting programmes</b>			
<b>Angels+ ADD Vance</b>			
<b>Not applicable</b>			
<b>Not recorded</b>			
<b>Angels + ADD Vance + Other</b>			

**Other parenting courses:**

If you have contacted any organisation, how useful have you found them?

<b>Very useful</b>	
<b>Useful</b>	
<b>Quite useful</b>	
<b>Of no use at all</b>	
<b>Not applicable</b>	
<b>Not recorded</b>	

**Comment:**

**Section 3: School**

13. How satisfied are you with the support your child receives in school:

Very satisfied	
Satisfied	
Not very satisfied	
Not satisfied at all	
Not applicable	
Not recorded	

Comments:

14. Is more support needed at school for your child?

Yes	
No	
Not applicable	
Not recorded	

\*If Yes, please explain what kind of support is needed:

**Section 4: General Comments**

15. What do you like best about the ADHD Service?

16. What do you like least about the ADHD Service?

17. Please give any suggestions as to how the ADHD Service could be improved?

**Section 5: About your child**

How old is your child?

**Are they male or female?**

**Comments from the child/young person:**