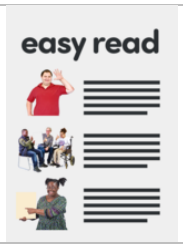
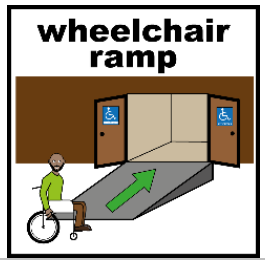
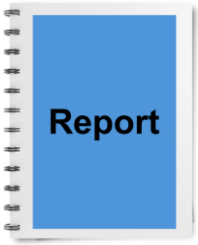
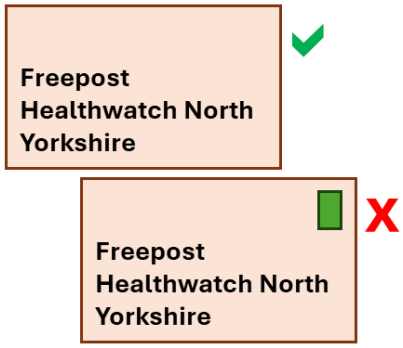
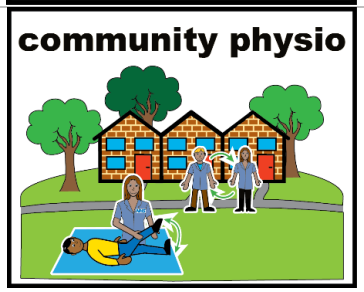
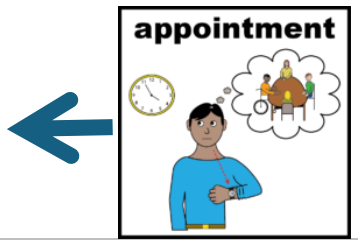
Access to Healthcare Appointments : Have Your Say Easy Read Survey

	Healthwatch North Yorkshire would like you to tell them about a recent health appointment you have had at the doctor, dentist or hospital
	They would like to know if you were given any reasonable adjustments Reasonable adjustments are things that make it easier for you to access the care you need
	For example: appointment letters in **easy read**
	**More time** for your appointment
	A **quiet** area to wait
	A **ramp** if you need to use a wheelchair or mobility walker

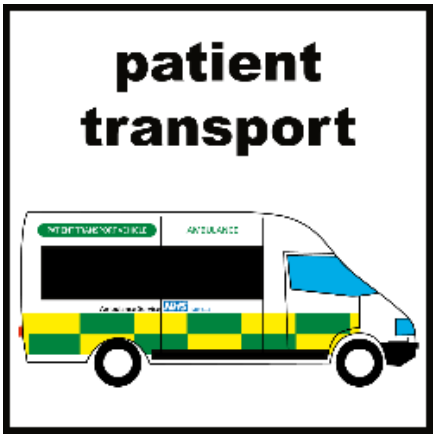
	Healthwatch will use your answers to write a report to help **improve** health and care services.
	Your name will **not be used** No-one will know your answers are from you
N/A	There may be some questions that do not apply to you Just answer **Not applicable** to those
	Please send your survey to: **Freepost** HEALTHWATCH NORTH YORKSHIRE You do **not** need to put a stamp on the envelope
 I agree ☐  I do not agree ☐	**Consent** If you are **happy** to take part in this survey please tick **I agree** This is so we know you have read the information above and agree to Healthwatch using your answers

???	**The Questions**
? 	**Where was your most recent appointment?** Please tick ✔ one below:
	☐ At a GP surgery
	☐ At a hospital appointment (outpatient clinic)
	☐ Did you stay overnight in hospital for treatment (inpatient stay)
 	☐ At Accident & Emergency (A&E) or Urgent Care Centre

	☐ At a dentist
	☐ At a community health service, for example physiotherapy or podiatry (for your feet)
	☐ At a mental health service, for example a therapy session
	☐ At a pharmacy, for example a flu jab or blood pressure check
	☐ Other? Please tell us: _____ _____

	**Before Your Appointment**
	**Before** your appointment, were you asked **if you needed any reasonable adjustments?** Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

	**Before** your appointment, were you asked **if your reasonable adjustments could be put on the computer system?** This is called a **Digital Flag** Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

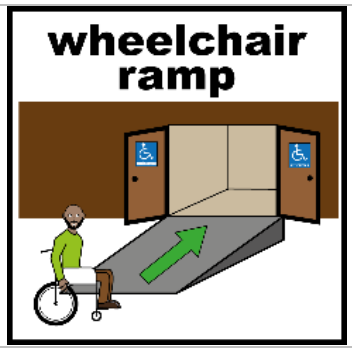
	**Before** your appointment**, were you offered help with getting there,** for example patient transport to hospital? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

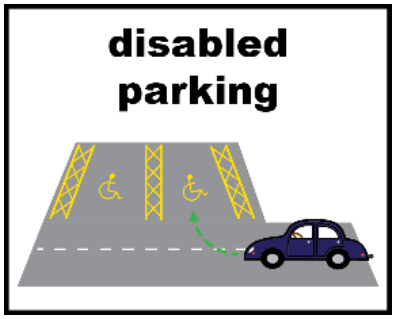
	**Before** your appointment**, were you offered a walk round of the building or shown a video of where you were going?** Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

@ 	**At Your Appointment**
	**At** your appointment**, did the staff know about your reasonable adjustments**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

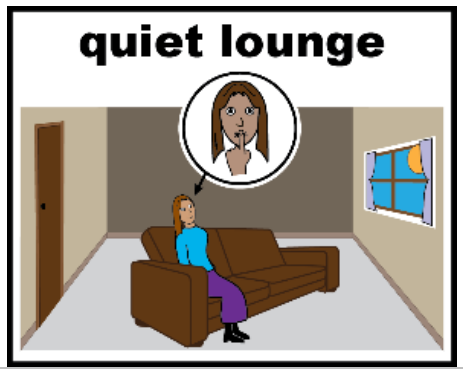
	**At** your appointment**, did the staff understand your needs**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

	**At** your appointment**, were you given more time for your appointment if you needed it**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

	**At** your appointment**, was there a ramp to use if you needed it**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

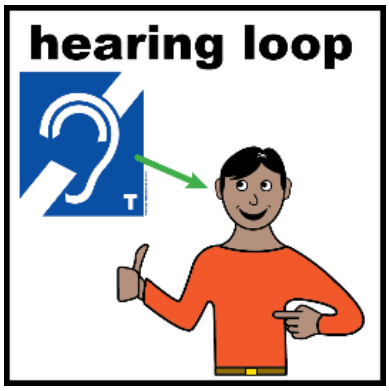
	**At** your appointment**, was there disabled parking if you needed it**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

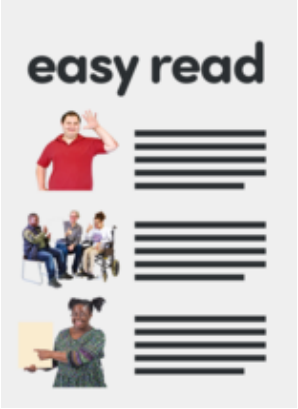
	**At** your appointment**, were you able to take a guide dog if you needed to**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

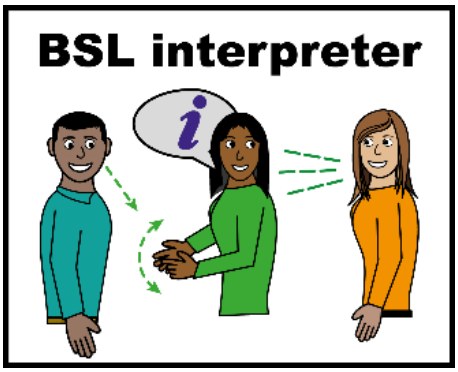
	**At** your appointment**, were you offered a quiet room to wait in**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable – did not need it
	☐ Not sure

	**At** your appointment**, was there a disabled toilet**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need to use it
	☐ Not sure

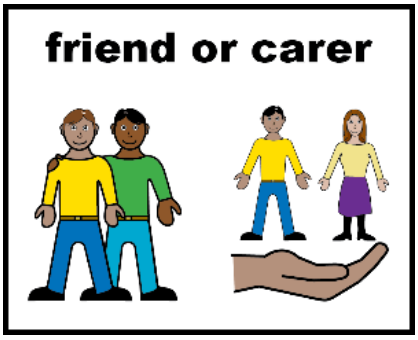
	**At** your appointment**, were there clear signs to help you find your way around**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

	**At** your appointment**, were you offered hearing support,** for example a hearing loop or sign live? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

	**Before** or **at** your appointment, **were you given accessible information,** for example easy read or large print? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

	**At** your appointment**, were you offered an interpreter,** for example, another language or British Sign Language? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable / did not need it
	☐ Not sure

	**At** your appointment**, did the staff talk in Plain English without jargon**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

	**At** your appointment**, were you able to take someone to support you with discussions**? Please tick ✔ one below:
	☐ Yes
	☐ No
N/A	☐ Not applicable
	☐ Not sure

If there is something else you would like to tell us about your appointment please write it **here** →

If you would like to talk to us in more detail please write your contact details here →

Your details will **only** be used by **Healthwatch** to contact you

About You

The questions below will help us to know how many different people are doing this survey

But if you **do not** want to share, tick **'Prefer not to say'** for questions you do not want to answer

Which of the below apply to you?

☐	Physical disability
☐	Sight or hearing loss
☐	Mental health condition
☐	Learning disability
☐	Neurodivergent (Autistic / ADHD)
☐	Long-term health condition
☐	English not your first language

☐	None of the above
☐	Prefer not to say
☐	Other
?	**Where in North Yorkshire do you live?**
☐	Harrogate
☐	Selby
☐	Scarborough
☐	Ryedale
☐	Hambleton
☐	Richmondshire
☐	Craven
☐	Other

?	**What is your age?**
☐	Under 18
☐	18 to 24
☐	25 to 34
☐	35 to 44
☐	45 to 54
☐	55 to 64
☐	65 to 74
☐	Over 75
☐	Prefer not to say

	What is your gender?
☐	Female
☐	Male
☐	Non-binary
☐	Prefer not to say
☐	Prefer to self-describe

Thank you for completing this survey 😊