



NHS 111 Feedback form

This form tells us about **your experience** using
NHS 111

It is to help us **make the service as good as it can be**



1. **Who** is completing this form?



Patient



Family member
or carer



Friend or
neighbour



Health or social
care worker



Please tell us



Other



2. **How do you feel** about your experience using
NHS 111?



Very happy



Happy



Ok



Unhappy



Very unhappy



3. If NHS 111 **wasn't available**, who would you
have **contacted** about the health problem?



My GP



Urgent Treatment
Centre



999



A&E



Other service

Please tell us



No other
service



4. Did you **contact the GP before** calling NHS 111?



Yes
No one
answered the
phone



Yes
There were no
appointments



Yes
They couldn't
help me



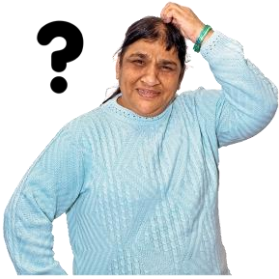
Yes
They told me to
call 111



My GP was
closed



No



5. Did you **understand** the **questions** you were asked by **NHS 111 staff**?



Yes



No



Not sure



6. **How well** do you think the **NHS 111 staff** **understood** what was wrong?



Very good



Good



Ok



Bad



Very bad



7. Do you think you were given the **right advice** for the problem?



Yes



No



Not sure



Not relevant to my call



8. Did **NHS 111 staff** give you **clear information** about what to **do next**?



Yes



No



Not sure



Not relevant to my call



9. Did **NHS 111 staff** tell you what to do if the problem got worse?



Yes



No



Not sure



Not relevant to my call



10. Was the advice or information **helpful**?



Yes



A bit



No



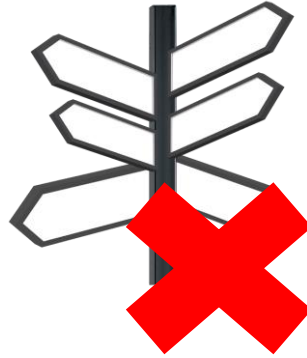
11. If you said **no**, **why** wasn't it helpful?



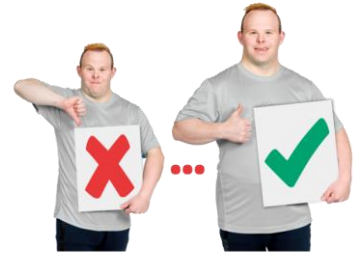
I didn't
understand
what they told
me



It didn't meet
my needs



I couldn't get
help from the
place I was
referred to



I started to feel
better without
the help



I didn't want to
bother another
service



Not relevant to
my call



Other

Please tell us





12. Did you have to **wait** for a **medical professional** to **call you back**?



Yes



No



Not sure



Not relevant to my call



13. If you **said yes**, did NHS 111 staff tell you **how long** you would have to **wait**?



Yes



No



Not sure



Not relevant to my call



14. Did they **call you back** when they said they would?



Yes

No
I called again
later

No
I gave up and
used another
service

No



Not relevant to
my call



Other

Please tell us





15. Were you **referred** to another service?



Yes



No



Not sure



Not relevant to my call



16. Did the **staff at the other service know you were coming** and have your information?



Yes



No



Not sure



Not relevant to my call



17. Did the **staff at the other service know about your problem and your needs?**



Yes



No



Not sure



Not relevant to my call



18. Were you **treated with care and respect** by NHS 111 staff?



Strong yes



Yes



Ok



No



Strong no



19. Would you **tell someone else** to use NHS 111 in the **future**?



Strong yes



Yes



Ok



No



Strong no



20. Is there anything else you would like to say?





21. **Is it ok** for NHS 111 to **contact you** about your feedback?

If yes, please put your details in the boxes below



Yes



No



Your name



Email address



Phone number



Thank you for completing this form

Please **return** it to a **member of staff**



Practice
Plus
Group



Made into Easy Read by
Advocacy for All