



Stories to Build a Better Health Service

By completing this survey you will help us to put the patient in the centre of health services

What is Your Voice Matters about?

Health Services in Ireland are delivered in many different settings from many different staff members. We want to see health services from your point of view and to understand what matters most to you when you use health services. Your feedback will help us to:



- improve how we provide services
- train staff and students in health services
- plan future research

Who can take part in the survey?

Anyone who either has more than one health condition uses more than one health service or is seen by more than one member of healthcare staff. Health services include:



- seeing your GP or family doctor
- attending hospital appointments or clinics
- health staff visiting you in your home

Tell us your story ...



Please describe an experience you had of the health service in the last 6 months that had an impact on you. This experience can be about you or someone you care for like a family member or friend.

I am a ... (please tick one)

- Patient or service user
- Carer, friend or family member
- Other (Please write what this is)

Your experience may have been **positive**, **negative** or a **bit of both**.

Please **do not mention** names of people you met or services used.

Don't worry about spelling, grammar or punctuation.

Will my information be confidential?



The information you share is **anonymous** and **untraceable**. We will handle and store all information in line with the Data Protection Act 1998.


By sharing your story, you are agreeing (consenting) to your anonymous information being used with that of others to produce staff training materials and study reports to improve services.


Thinking about your story ... what matters?

Please answer the following 12 questions about your experience.

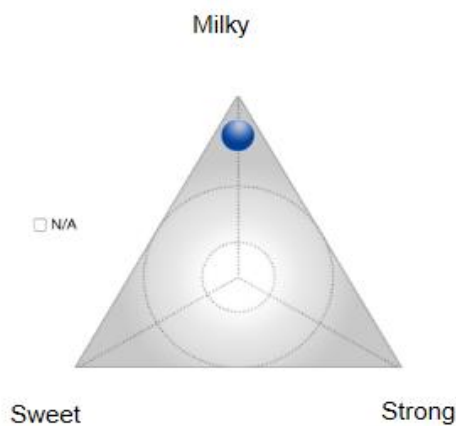
Some questions are in the form of a triangle.

These are easy to answer!

You put a dot  in the triangle in the position that best describes your experience.

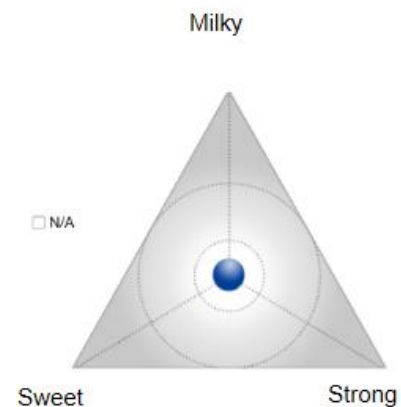
You can put the dot  anywhere at all inside the triangle. See the examples below:

Q. I like my coffee...



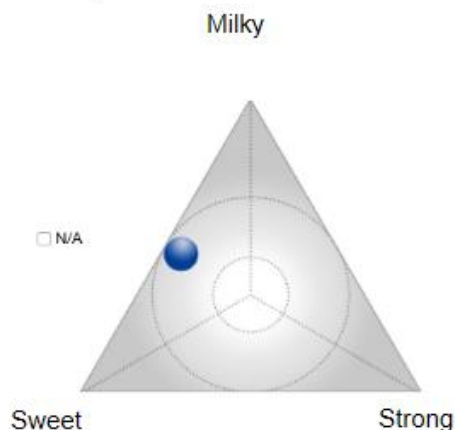
This person likes their coffee with milk only.

Q. I like my coffee...



This person likes a strong coffee with milk and sugar.

Q. I like my coffee...



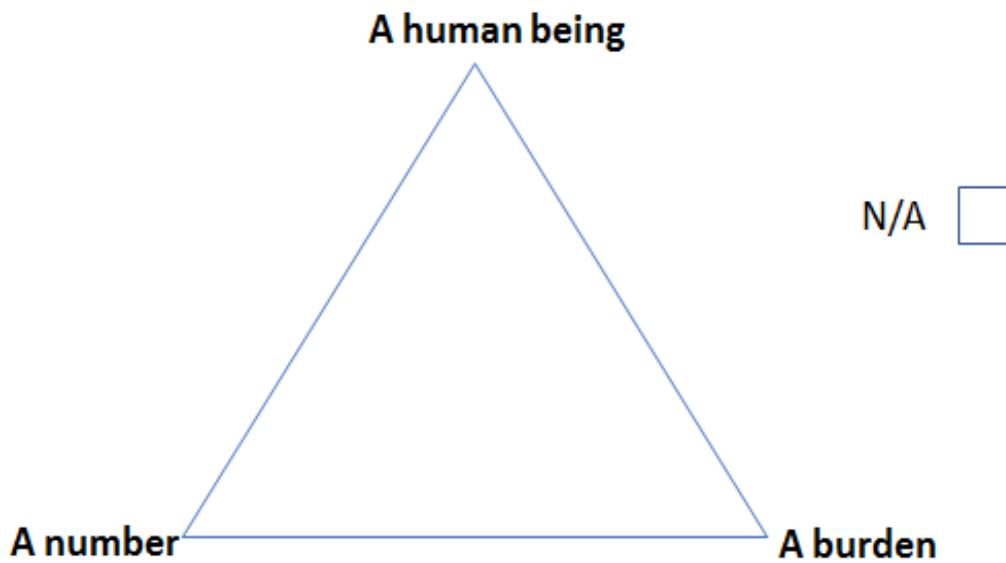
This person likes their coffee with milk and sugar.



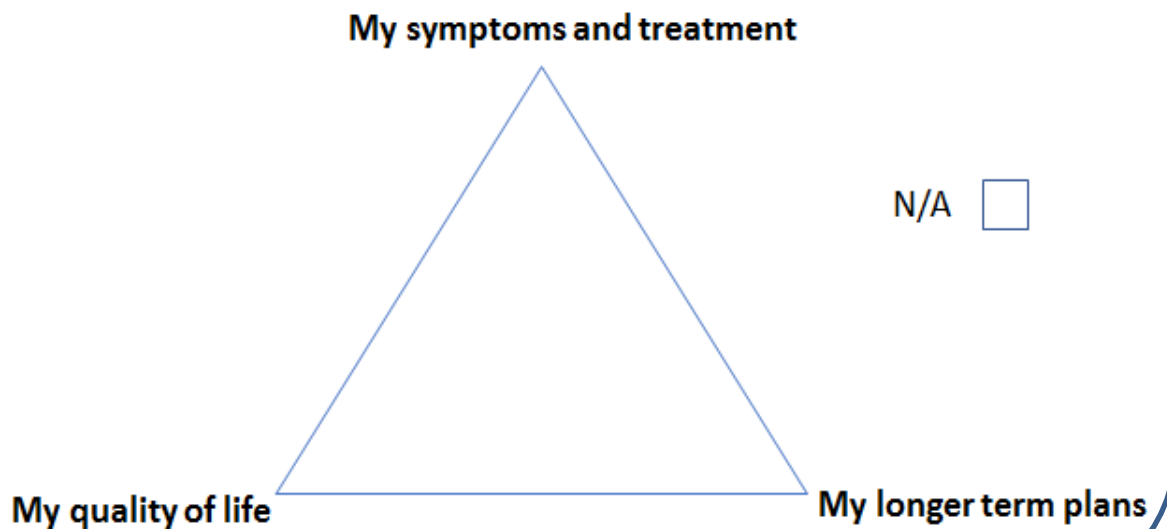
National Clinical
& Integrated Care Programmes
Person-centred, co-ordinated care

Now please think about your story...what matters?

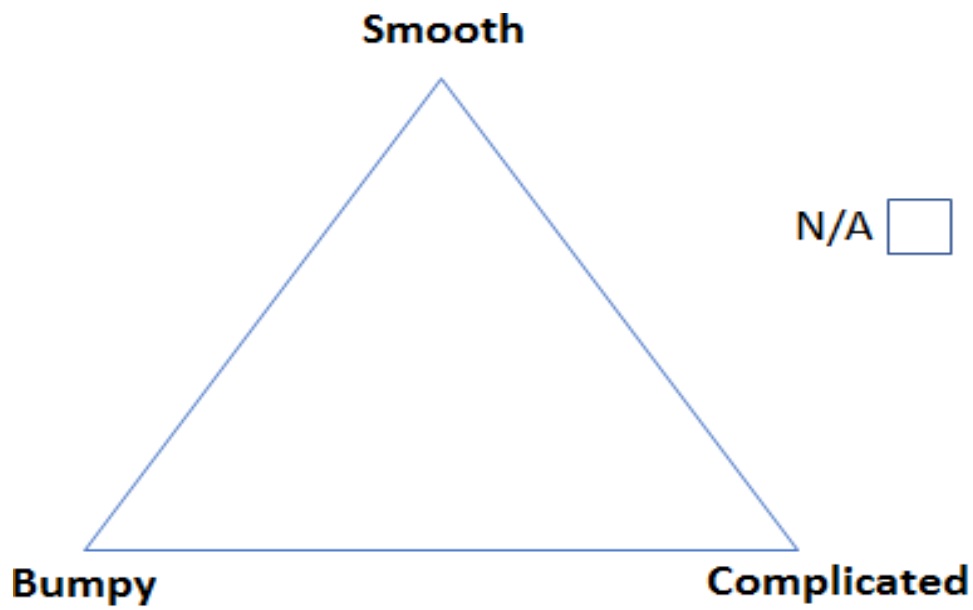
Q1. In this experience I was treated as ...



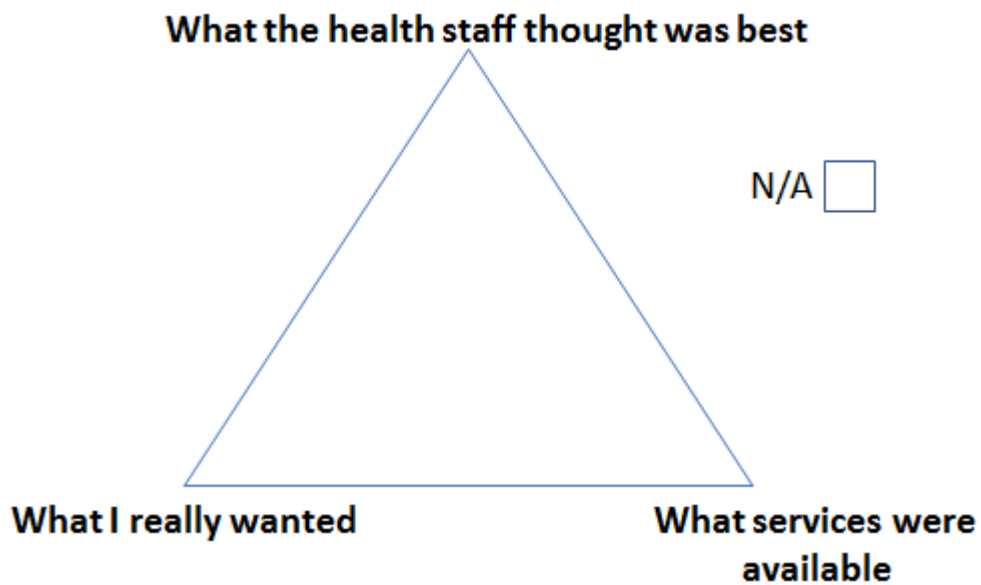
Q2. In this experience the health staff talked to me most about ...



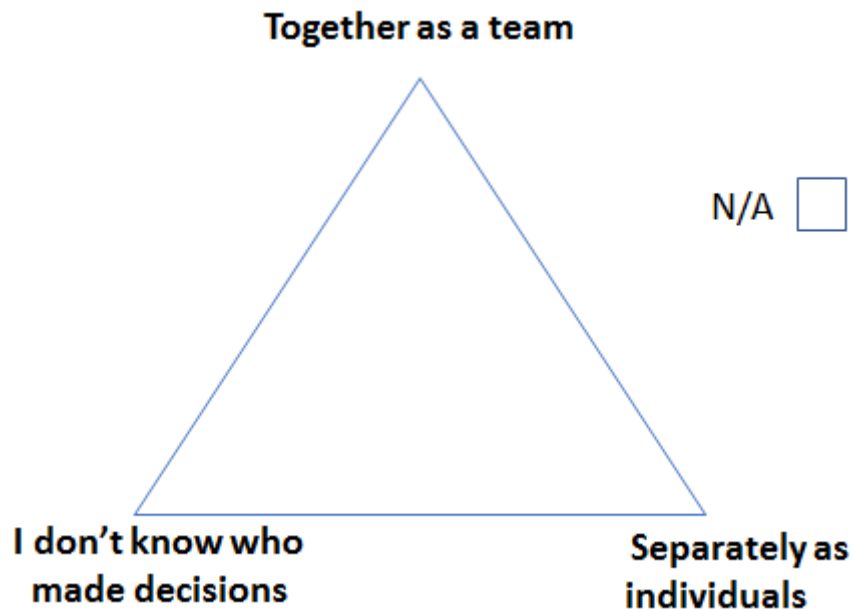
Q3. My journey through this healthcare experience was...



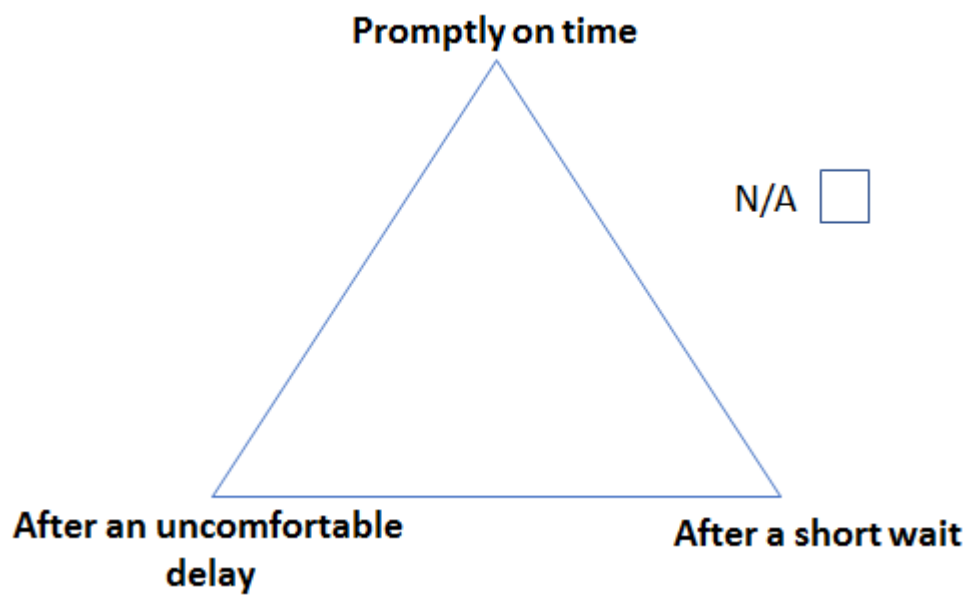
Q4. In this experience, my treatment was most influenced by ...



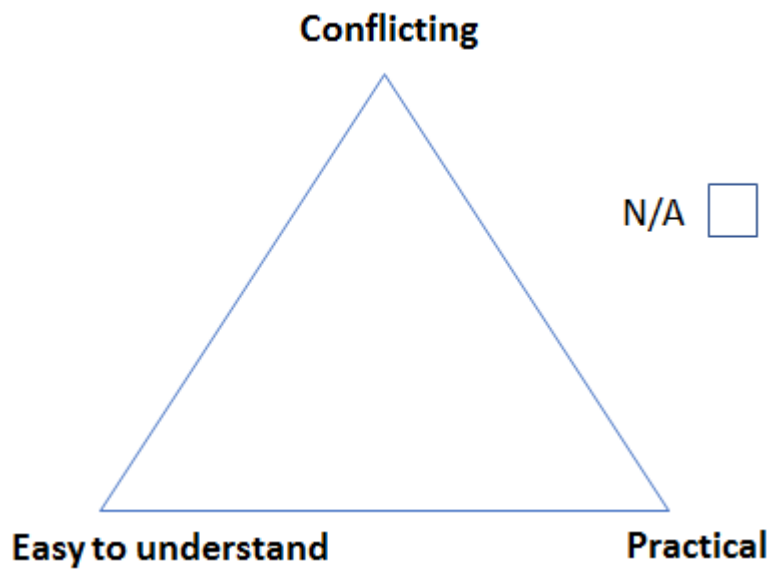
Q5. In this experience, the staff involved made decisions ...



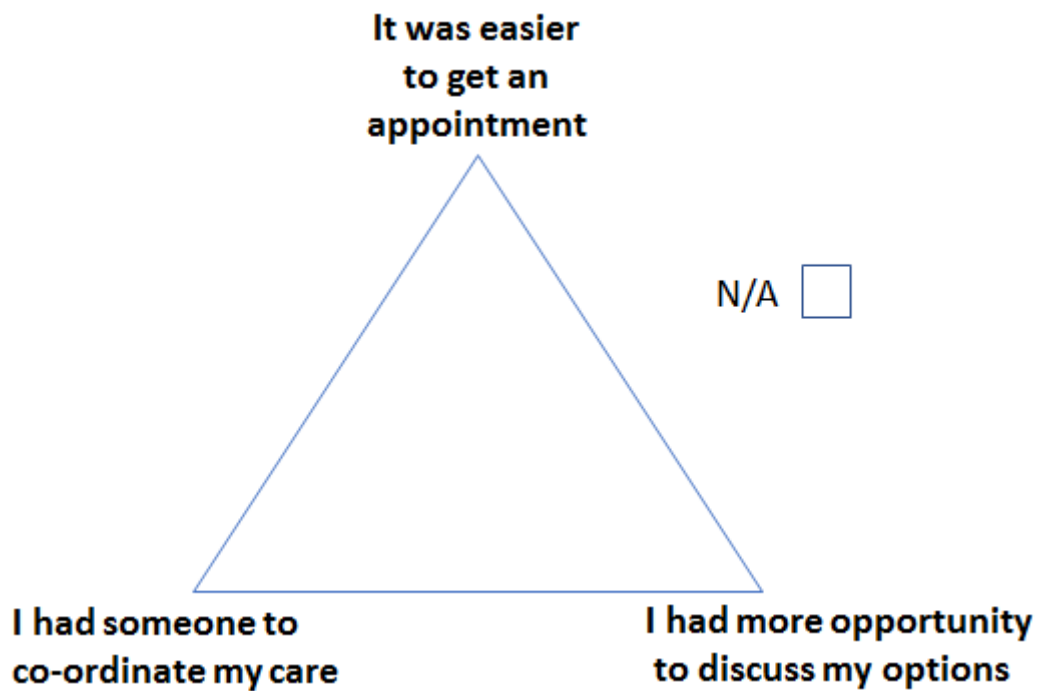
Q6. In this experience, I received the services I needed ...



Q7. In this experience, the information I got was ...

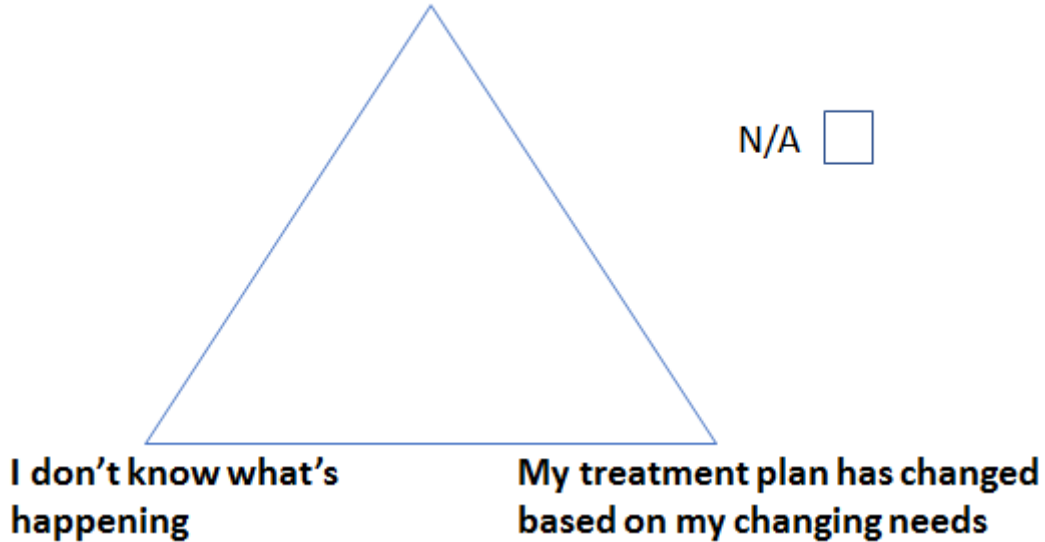


Q8. In this experience, I wished ...



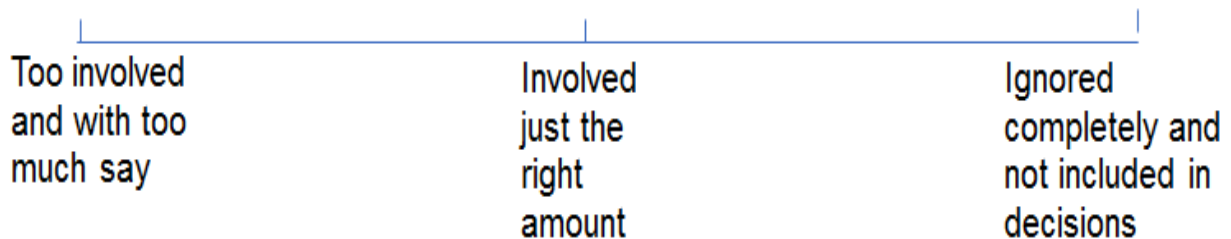
Q9. Since this experience ...

People did what they said they would do



Q10. In this experience, the people most important to me (for example my carer, family, friend) were ...

(Mark an X on the line)



N/A

Q11. For some people their cultural needs such as needs related to faith, family background, nationality, language or food are important. In this experience, my cultural needs were met ... (please tick the appropriate box)

Yes

To some extent

No

Does not apply to me

Q12. Please tell us about something extra kind that someone did for you in this experience ...



Your idea for improvement...

What one thing would make it better for the next person

About the patient, their health and where the story happened ...

The next short section helps us to know what parts of the health services we need to make better.

For all of the questions, **please tick all the boxes** that tell about the **'patient'** in the story. The patient might be you, or a family member, a friend or someone you care for.

About the patient ... age, ethnicity, gender (Tick all the boxes that apply to the patient)

- | | | | |
|--|---|---|--|
| 0-28 days <input type="checkbox"/> | 29 days – 1 year <input type="checkbox"/> | 1 – 5 years <input type="checkbox"/> | 6 – 11 years <input type="checkbox"/> |
| 12 – 15 years <input type="checkbox"/> | 16 – 17 years <input type="checkbox"/> | 18-25 years <input type="checkbox"/> | 26 – 35years <input type="checkbox"/> |
| 36 – 45 years <input type="checkbox"/> | 46 – 55 years <input type="checkbox"/> | 56 – 64 years <input type="checkbox"/> | 65 – 74 years <input type="checkbox"/> |
| 75– 84 years <input type="checkbox"/> | 85 – 94 years <input type="checkbox"/> | 95 – 104 years <input type="checkbox"/> | 105 years+ <input type="checkbox"/> |

- | | | |
|----------------------------------|---|---|
| Irish <input type="checkbox"/> | Irish Traveller <input type="checkbox"/> | any other white background <input type="checkbox"/> |
| African <input type="checkbox"/> | any other black background <input type="checkbox"/> | |
| Chinese <input type="checkbox"/> | any other Asian background <input type="checkbox"/> | other including mixed background <input type="checkbox"/> |

- | | | | |
|-------------------------------|---------------------------------|--------------------------------------|---|
| Male <input type="checkbox"/> | female <input type="checkbox"/> | transgender <input type="checkbox"/> | prefer not say <input type="checkbox"/> |
|-------------------------------|---------------------------------|--------------------------------------|---|

About the patient's health ...Has a doctor or health staff ever told you that you have any of the following conditions? (Please tick all the boxes that apply to the patient)

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastrointestinal conditions like Crohn's disease, coliti |
| <input type="checkbox"/> Chronic lung disease like COPD, asthma, cystic fibrosis | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Cirrhosis or liver damage | <input type="checkbox"/> Intellectual impairment like Autism Spectrum Disorder or developmental delay or learning disability |
| <input type="checkbox"/> Cognitive impairment like a brain injury, Alzheimer's disease or other dementia | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Congenital heart defect | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Coronary heart disease like angina, heart attack, heart failure | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Diabetes or thyroid conditions | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Emotional or mental health difficulties like anxiety, depression, mood disorders, schizophrenia | <input type="checkbox"/> Rare condition |
| | <input type="checkbox"/> Sensory impairment like hearing or visual impairment |
| | <input type="checkbox"/> Skin condition |
| | <input type="checkbox"/> Stroke |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Prefer not to say |



About the health setting ... (please tick all the boxes apply to where the experience happened)



- Emergency Department
- Day Care Centre
- GP Surgery
- Health Centre
- Hospice
- Hospital Clinic
- Hospital Ward
- Nursing Home/Residential Home
- Outpatient Clinic
- Own Home

About the health staff involved in the experience ... (please tick the boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Case worker | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Catering staff | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Chaplain/Faith Leader | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Community nurse | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Public Health Nurse |
| <input type="checkbox"/> GP | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Healthcare Assistant | <input type="checkbox"/> Secretary/Administration |
| <input type="checkbox"/> Hospital Doctor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Hospital Nurse | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> I don't want to say |
| <input type="checkbox"/> Ophthalmologist | |



About the place. Which county did the experience happen in? (Please tick all the boxes that apply)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Carlow | <input type="checkbox"/> Louth |
| <input type="checkbox"/> Cavan | <input type="checkbox"/> Mayo |
| <input type="checkbox"/> Clare | <input type="checkbox"/> Meath |
| <input type="checkbox"/> Cork | <input type="checkbox"/> Monaghan |
| <input type="checkbox"/> Donegal | <input type="checkbox"/> Offaly |
| <input type="checkbox"/> Galway | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Kerry | <input type="checkbox"/> Sligo |
| <input type="checkbox"/> Kildare | <input type="checkbox"/> Tipperary North |
| <input type="checkbox"/> Kilkenny | <input type="checkbox"/> Tipperary South |
| <input type="checkbox"/> Laois | <input type="checkbox"/> Westmeath |
| <input type="checkbox"/> Leitrim | <input type="checkbox"/> Waterford |
| <input type="checkbox"/> Limerick | <input type="checkbox"/> Wexford |
| <input type="checkbox"/> Longford | <input type="checkbox"/> Wicklow |
| | <input type="checkbox"/> West Wicklow |

Dublin

- | | |
|--|--|
| <input type="checkbox"/> Dublin South East | <input type="checkbox"/> Dun Laoghaire |
| <input type="checkbox"/> Dublin West | <input type="checkbox"/> Dublin South City |
| <input type="checkbox"/> Dublin South West | <input type="checkbox"/> Dublin North (county) |



You will not receive individual feedback about what you have written in this survey.

The HSE has a comments, compliments, complaints service that can provide feedback to you.

You can contact this service on yoursay@hse.ie or telephone low call: 1890 424 555.

Thank you for taking the time to complete this survey

Please return to:
Patient Narratives
Clinical Strategy & Programmes Division
Longwood Room, 3rd Floor, Stewart's Care, Plamerstown
Mill Lane
Dublin 20