

# LISTENING TO THE VIEWS OF PEOPLE WITH NEUROLOGICAL CONDITIONS OR INJURIES

*Thank you for getting in touch. We are very pleased to hear from you. Please write in your answers or put a circle round the correct one when there are alternative answers.*

1 Which Local Authority do you live in? .....

2 What is your neurological condition or injury? .....

.....

3 In what year did you first have contact with health services for this condition/injury?

.....

4 Do you now (in 2008) see anyone a) at the hospital? Yes / No

b) in the community? Yes / No

for this condition/injury? If 'yes', please give details of 'who' and 'where'.

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5 Have you ever been in a rehabilitation ward or residential unit? Yes / No

If 'yes'. Please give details.....ward/unit for .....weeks/months

in .....year

6 Do you receive any services from or through Social Services? If 'yes', please give

details . .....

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7 Did you feel that you were treated as an individual ie received ‘a person-centred service’ in your contacts with the people who treated you or provided necessary services? Please describe your experiences. ....

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8 Do you feel that you have been involved in and consulted about decisions connected with your treatment and care? *We are interested in both good and bad experiences*

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.....  
.....  
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9 Have you ever been invited to give your views about services? Yes / No

If ‘Yes’, can you explain when and how? .....

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.....  
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.....

10 What changes are you most keen to see? .....

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.....

11 How satisfied are you overall with your contacts with: *(put one tick on each line)*

Satisfied    Mixed feelings    Dissatisfied

Health Services

Social Services

Any other comments?.....

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12 Would you like your contact details to be included in our records, so that we can keep you in touch with relevant developments, including opportunities to meet other people in similar situations or to put your views to the people who plan and provide services?

Yes / No

If 'Yes', please give your details below:

Name .....

Address .....

.....Post code.....

Tel/Fax/ email .....

Condition or injury .....

Do you belong to a related voluntary group either nationally or locally? Yes / No

If 'Yes', please give the name and contact number(s) for the group . .....

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*Thank you. If you have given us a way of getting in contact with you, we will let you know the results of this consultation and how we have been able to discuss the results with the planners and providers of services.*

**Please use the other side of this sheet to add any other comments you wish.**