How well does this walk-in centre meet your needs?

This questionnaire will take you just 10 minutes to complete



You can complete the questionnaire online if you prefer: https://www.surveymonkey.com/s/Walk-inCentre For each question please tick the answer that best matches how you feel about the walk-in centre.

There are no right or wrong answers. Please use the full range of options – it is important for the walk-in centre to know your opinion even if it is very negative.

There is a space at the end of the questionnaire where you can write additional comments if you want to explain any of your answers in more detail, or have anything else you would like to say.

Using the walk-in centre	4 How easy is it for you to find out about the walk-in centre's opening
1 How easy is it for you to get what you want without a long wait? Very easy	hours and services? Very easy
2 How easy is it for you to get to see a doctor or nurse of your own sex, when you want to?	How the reception staff treat you 5 Are the reception staff friendly?
Very easy	Yes, very
3 How easy is it for you to get to see a doctor or nurse who speaks your language, or to arrange for an interpreter? Very easy	Are the reception staff willing to try their best to help? Yes, very

Visiting the walk-in centre 13 How good is this walk-in centre helping you to feel at ease while			
	easy is it for you to travel to the	are waiting?	
walk-i	in centre?	Very good	
	asy	Quite good	
Quite 6	easy		
Not ve	ry easy	Not at all good	
Not at	all easy	No opinion	
No opi	inion		
the bu	easy is it for you to get around uilding?	14 How good is this walk-in centre a providing information in a form t you can understand (e.g. translate or Easy Read information leaflets)	hat ed
	asy		١.
	easy	Very good	
Not ve	ry easy	Quite good	
Not at	all easy	Not very good	
No opi	inion	Not at all good	
	easy is it for you to use the	No opinion / not applicable	
the w	ies at the walk-in centre (e.g. aiting area, toilets, baby iing room)?	Letting you know about other services	
Very ea	asy	·- · · · · · · · · · · · · · · · · ·	
Quite (easy	15 How good is this walk-in centre at letting you know about health	
Not ve	ry easy	or community services available	
Not at	all easy	elsewhere that might be helpful	
No opi	inion	for you?	
	0	Very good	
	easy is it for you to talk	Quite good	
overh	eptionists without being	Not very good	
		Not at all good	
	asy	Don't know	
	easy		
	ry easy	Providing a service that suits yo	
	all easy	Froviding a service that suits yo	,u
No opi	inion	40	
it is yo	easy is it for you to know when our turn to be seen by the r or nurse?	16 Thinking about your own needs a personal circumstances, do you fe that this walk-in centre provides a service that suits you well?	eel
Very ea	asy	Yes, completely	
	easy	Yes, to some extent	
	ry easy	No, not really	
	all easy	No, not at all	
	inion	No opinion	

Listening to patients	18 How good is this walk-in centre at listening to patients' complaints?
17 How good is this walk-in centre	Very good
at encouraging patients to make	Quite good
suggestions about what the walk-	Not very good
in centre could do better (e.g. a	Not at all good
suggestion box, website feedback form)?	Don't know
Very good	19 How good is this walk-in centre at acting on patients' suggestions and complaints?
Don't know	Very good
Don't know	Quite good
	Not very good
	Not at all good
	Don't know
Please tell us how the walk-in centre could I	be better at meeting your needs. You can
also use this box to explain any of your other	er answers in more detail:

About you

The following questions will help us to see how well the walk-in centre meets the needs of different groups of people. This will help the walk-in centre provide a better service for everyone.

The questionnaire is completely confidential, and the walk-in centre will not be able to link your answers to you as an individual. If there are any questions you would strongly prefer not to answer, please leave them blank.

Would you describe yourself as:
Male
Female
How old are you?
Under 18
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 to 74
75 to 84
85 or over

Which of these groups do you belong to?

A	White
	English / Welsh / Scottish / Northern Irish / British
	Irish
	Gypsy or Irish Traveller
	Any other White background \Box
	If other, please write in
В	Mixed / multiple ethnic groups
	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed / multiple ethnic background
	If other, please write in
C	Asian / Asian British
	Indian
	Bangladeshi
	Pakistani
	Chinese
	Any other Asian background \Box
	If other, please write in
D	Black / African / Caribbean / Black British
	African
	Caribbean
	Any other Black / African / Caribbean background
	If other, please write in
E	Other ethnic group
_	Please write in

	Do you have any of the following conditions (please tick any that apply)?	7	Are you a parent or a legal guardian for any children aged under 16 living in your home?
	Deafness or hearing impairment \Box		Yes
	Blindness or visual impairment		No
	A condition that limits your ability to carry out basic activities (e.g. walking, climbing stairs, lifting or carrying)	8	Are you a carer for anyone with an ongoing health problem or disability?
	A learning disability		Yes
	A long-standing mental health problem (e.g. depression, bipolar)		No
	Any other long-standing illness (e.g. diabetes, epilepsy, cancer)	9	Would you consider yourself to be:
9)			Heterosexual / straight
5	Which of these describes what you		Gay / Lesbian
	are doing at present?		Bisexual
	Full-time paid work		Other
	(30 hours or more each week)		I would prefer not to say
	Part-time paid work (under 30 hours each week)	10	Would you say that English is your
	Full-time education at school, college or university		first language (please tick any that apply)?
	Voluntary work or other commitments		Yes
			No
	Unemployed		Bilingual / multi-lingual
	Long-term sick or disabled		If no, what is your first language?
	Fully retired from work		
	Looking after the home		
	Other	11	Are you a British Sign Language user?
			Yes
	Is it easy for you to take time away from your work or other commitments to visit the walk-in centre?		No
	Yes		
	No		
	Not applicable		

The questionnaire you have just completed is being tested by researchers at the University of Leicester to see how well it works. The researchers would like to compare it with other questionnaires being used in the NHS. The following questions will help them to do this. Thank you.

Please circle your response to each statement below: strongly strongly disagree agree This walk-in centre tells you exactly when services will be performed B Staff at this walk-in centre give you prompt service C Staff at this walk-in centre are always willing to help you D Staff at this walk-in centre are never too busy to respond to your requests E This walk-in centre gives you individual attention F Staff at this walk-in centre give you personal attention G Staff at this walk-in centre know what your needs are H This walk-in centre has patients' best interests at heart This walk-in centre has convenient opening hours

To help with the testing of the questionnaire, the researchers would like to send you another copy of the questionnaire in 2-4 weeks' time. Would you be willing to fill it in again? If so, please provide your contact details below.

Only the University of Leicester will have access to your contact details. The walk-in centre will not know who has filled in the questionnaire.

Name:
Postal address:
Postcode:
Email address if you would prefer to complete the questionnaire online:
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Thank you very much for your help.