



## A questionnaire to ask about your experience of the continence service (Bladder & Bowel Service)

Please return the completed questionnaire by the date:

This is a **questionnaire** from the Clinical Effectiveness Unit at the Royal College of Physicians and it will not take long to complete. For most of the questions you just need to tick the box. The last page is for any additional comments you may have. Take your time to read the questions and reply to each question by ticking a box in the column on the left, or by writing your comments. There are no right or wrong answers.

Please do not worry if you cannot remember. Just tick the box which says “don’t know” next to that question. This is important so that we know that you have not missed the question accidentally.

If the questionnaire is difficult to read, it is OK for someone else to read it and to write your answers in for you **but it is your views that are important.**

Your participation is voluntary and your answers will be treated in confidence. The staff who provide your local Continence Service (bladder and bowel service) won’t see your individual answers.

### *This section contains questions about referral to the Continence Service*

**1. Do you know who referred you to the Continence Service (bladder and bowel service)?**

- Yes → go to question 1a
- No → go to question 2

**1a. Who referred you to the Continence Service (bladder and bowel service)? (Only tick one box)**

- General Practitioner (GP)
- Hospital Doctor
- Physiotherapist (Physio)
- Occupational therapist (OT)
- Nurse
- Self
- Social Worker or Warden
- Other, please write here if known?
- Don’t know

**2. Do you understand why you were referred to the Continence Service (bladder and bowel service)?**

- I referred myself
- Yes
- No

**3. Do you feel that the Continence Service (bladder and service) saw you soon enough to be able to help you?**

- Yes → go to question 4
- No → go to question 3a
- Don't know → go to question 4

**3a. If you answered No to question 3, can you explain why it was not soon enough for you?**

*This section is about the check up (assessment) and follow up*

**4. Were you asked about your symptoms?**

- Yes
- No
- Don't know

**5. Did you feel that you received a thorough health examination when you attended the Continence Service (bladder and bowel service)?**

- Yes → go to question 6a
- No → go to question 5a
- Don't know → go to question 6a

**5a. If you answered No to question 5 please can you tell us why you feel that you did not receive a thorough health examination?**

**6a. Were the possible causes of your continence (bladder and bowel) problem explained to you?**

- Yes
- No
- Don't know

**6b. Were the treatment options for your continence (bladder and bowel) problem explained to you?**

- Yes
- No
- Don't know

**6c. Were you or your relative or carer able to ask questions about the causes and/or the treatment of your continence (bladder and bowel) problem?**

- Yes
- No
- Don't know

**7. Did you feel satisfied that good communication took place?**

- Yes, fully satisfied → go to question 8
- Partially satisfied → go to question 7a
- Not very satisfied → go to question 7a
- No, not at all satisfied → go to question 7a

**7a. If you were not fully satisfied with the communication that took place can you tell us why?**

**8. Were you asked about how your continence (bladder and bowel) problem affects you?**

- Yes
- No
- Don't know

**9. Were you asked about how you manage/cope with your continence (bladder and bowel) problem?**

- Yes
- No
- Don't know

**10. Did you feel you were involved in deciding what actions should be taken after you were seen by the Continence Service (bladder and bowel service)?**

*(For example, you may have been offered continence products, further tests or a review of your medicines)*

- Yes → go to question 10a
- No → go to question 11
- Don't know → go to question 11

**10a. If you answered Yes to question 10, can you tell us what decisions you were involved in?**

**11. Did you feel that you were always treated with dignity?**

- Yes, always → go to question 12
- Mostly always → go to question 11a
- Sometimes → go to question 11a
- No, not at all → go to question 11a

**11a. If you felt you were not always treated with dignity, can you tell us why?**

**12. Was the information about your attendance at the Continence Service (bladder and bowel service) provided to your GP?**

- Yes, I know the information was provided to my GP
- No, I know the information was not provided to my GP
- I don't know if the information was provided to my GP

**13. Do you feel your treatment was reviewed regularly to meet your needs?**

- Yes
- No
- Don't know

**14. Was information given to you about any local user support groups?**

- Yes
- No
- Don't know

**15. How easy did you find travelling to appointments with your local Continence Service (bladder and bowel service)?**

- Easy
- Fairly easy
- Not very easy
- Difficult
- Did not need to travel

***This section is about your overall experience of the Continence Service***

**16. Can you tell us about your overall experience of using your local Continence Service (bladder and bowel service) by ticking one statement that sums up your views?**

- Useful for me → go to the section 'about you'
- Quite useful for me but could be better → go to question 16a
- Not useful for me → go to question 16a

**16a. If you answered 'Quite useful for me but could be better' or 'Not useful for me' to question 16, please can you explain why?**

***This section is about you***

**Are you?**

- Female
- Male

**What is your age?**

- 34 years or less
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85 to 94 years
- 95 years or greater

**Is there anything that you feel should be asked in this questionnaire about your care / treatment that has been missed out?**

- Yes
- No

**If you answered 'Yes' can you tell us what else should be included in this questionnaire below:**

***Comments section***

**Do you have any other comments that could help improve the Continence Service (bladder and bowel service)?**

**If you have a helper, carer or a relative do they have any comments that could help improve the Continence Service (bladder and bowel service)?**

If you have more comments please continue on a separate sheet and return it with your questionnaire.

**Please return the completed questionnaire by the date:**

**Thank-you for completing the questionnaire**