

Community survey

We appreciate you taking the time to complete this survey. The Shrewsbury and Telford Hospital Trust is working on the patient experience strategy and want to hear from you. The form is confidential and will never be traced back to you as an individual. Please note, all demographic data is optional. Please skip this part of the survey if you prefer not to comment.

1. What is important to you when using our services?

2. What would make your experience of using our hospitals better?

3. How did you find out about this survey?  
  
 Twitter  
 Facebook  
 Instagram  
 Stand at our hospital  
 Leaflet in the community  
 Other – please specify below

Demographics Information  
We are asking these questions to ensure that information is being made as accessible as possible to all members of the community and that lots of different people are asked for their views. We aim to take positive steps to ensure that individuals or groups are not treated less well and that there is no discrimination based on age, race, sex, disability, sexual orientation, marital or civil partnership, gender re-assignment, religion or belief.

Your participation is confidential and optional, and you can choose to skip any question you're not comfortable answering

4. What age group are you in ?  
  
 0 - 5 years  
 6 - 17 years  
 18 - 25 years  
 26 - 35 years  
 36 - 45 years  
 46 - 55 years  
 56 - 64 years  
 65 - 74 years  
 75 - 84 years  
 85 years +  
 Prefer Not to say

5. Are your day-to-day activities restricted due to a health problem, disability or other impairment which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?  
  
 Yes, limited a lot  
 Yes, limited a little  
 No  
 Prefer not to say

6. If you answered ‘yes’ to previous question, please indicate your health condition, disability or other impairment and tick all sections which apply:  
  
 Vision (e.g. due to partial sight or blindness)  
 Hearing (e.g. due to partial hearing or deafness)  
 Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects  
 Learning, concentrating or remembering  
 Mental Health  
 Stamina or breathing difficulty  
 Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)  
 Other impairment, health condition or disability; please describe in your own words  
 Prefer not to say

7. What is your ethnic group? Tick the appropriate box to indicate the patient ethnic group.  
  
 White - Welsh / English / Scottish / Northern Irish / British  
 White - Irish  
 White - Gypsy or Irish Traveller  
 Any other White background  
 Mixed - White and Black Caribbean  
 Mixed - White and Black African  
 Mixed -  White and Asian  
 Mixed - Any other mixed background  
 Asian or Asian British - Indian  
 Asian or Asian British - Pakistani  
 Asian or Asian British - Bangladeshi  
 Asian or Asian British - Pakistani  
 Asian or Asian British - Chinese  
 Asian or Asian British - any other background  
 Black or Black British - Caribbean  
 Black or Black British - African  
 Black or Black British - Any other black background  
 Other ethnic Group - Arab  
 Any other  
 Prefer not to say

8. Which of the following best describes your gender?  
  
 Male  
 Female  
 Non-binary  
 Prefer not to say  
 In your own words

9. What is your first language

10. Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth. Do you consider yourself to be a trans person?  
  
 Yes  
 No  
 Prefer not to say  
 In your own words

11. Which of the following best describes your sexual orientation?  
  
 Heterosexual / straight  
 Gay woman / lesbian  
 Gay man  
 Bi / bisexual  
 Prefer not to say  
 In your own words

12. What is your legal marital or civil partnership status?  
  
 Single  
 Living with partner  
 Married or in a registered civil partnership  
 Separated, but still in a registered civil partnership or legally married  
 Divorced or formerly in a registered civil partnership which is now dissolved  
 Widowed or surviving partner from a registered civil partnership  
 Prefer not to say

13. What is your faith or belief?  
  
 No recognised faith or belief  
 Buddhist  
 Hindu  
 Jewish  
 Sikh  
 Atheist  
 Christian  
 Humanist  
 Muslim  
 Prefer not to say  
 Any other religion

14. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?  
  
 Yes  
 No  
 Prefer not to say

15. Are you a veteran, including National Service, or do you have a connection to the Armed Forces?  
  
 Yes  
 No  
 Prefer not to say

Thank you for taking the time to fill in our questions, these will help us produce our strategy going forward. The next step will be to hold workshops to look at the feedback more carefully. If you would like to be part of the workshops, or if you would like to volunteer as a patient representative on one of our groups, please e-mail sath.patientexperience@nhs.net to find out more.

Telephone: 01952 641 222 ext 5126 or  01743 261000 Ext: 2503

Return your paper Survey to Patient Experience 3, Stretton House, Royal Shrewsbury Hospital,

Mytton Oak Road, Shrewsbury, SY3 8XQ