

**Dear Patient**

**If you have been referred by your GP for further treatment within the last 12 months, we would be grateful if you could please spare the time to complete the following brief questionnaire.**

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|  | Question | Answer |
| 1 | Prior to visiting your GP Practice, did you know that you have a choice of hospitals that you can go to for your first hospital appointment? |  |
| 2 | Did your GP or Practice staff mention you had a choice of hospitals? |  |
| 3 | Did you discuss which hospital you might go to with your GP or practice staff? |  |
| 4 | Were you offered a choice of hospital for your first hospital appointment? |  |
| 5 | If you answered yes to Q3, did you have enough information to help you make your choice? |  |
| 6 | Were you able to go to the hospital that you wanted to go to?  If you have answered no, please state why: |  |
| 7 | Are you aware of how to complain if you feel you were not offered a choice of hospital? |  |
| 8 | What factor most influenced your choice when choosing the hospital for your first appointment? |  |
|  | Please add any comments you wish regarding the offering of choice: |  |

Please return completed questionnaires to your GP Practice

**Thank you for your participation**