



Stories to build a better health service

By completing this survey you will
help us to put the patient in the
centre of health services.



What is Your Voice Matters about?

Health Services in Ireland are delivered in many different settings from many different staff members. We want to see health services from your point of view and to understand what matters most to you when you use health services. Your feedback will help us to:

- **improve how we provide services to you and other patients**
- **train staff and students in health services**
- **plan future research**



Who can take part in the survey?

Anyone who either has more than one health condition uses more than one health service or is seen by more than one member of healthcare staff. Health services include:

- **seeing your GP or family doctor**
- **attending hospital appointments or clinics**
- **health staff visiting you in your home**





Tell us your story ...

Please describe an experience you had of the health service in the last 6 months that had an impact on you. This experience can be about you or someone you care for like a family member or friend.

I am a ... (please tick one)

☐ **Patient or service user**

☐ **Carer, friend or family member**

☐ **Other**.....

(Please write what this is)

Your experience may have been positive, negative or a bit of both.

Please **do not** mention names of people you met or services used.

Don't worry about spelling, grammar or punctuation.



Will my information be confidential?

The information you share is anonymous and untraceable. We will handle and store all information in line with the Data Protection Act 1998.

Your anonymous information will be used with that of others for learning, service planning, design and improvement and to produce staff training materials and study reports to improve services.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please write three words that best describe your story:

1 _____ 2 _____ 3 _____

Thinking about your story ... what matters?

Please answer the following 11 questions about your experience.

Some questions are in the form of a triangle. These are easy to answer!

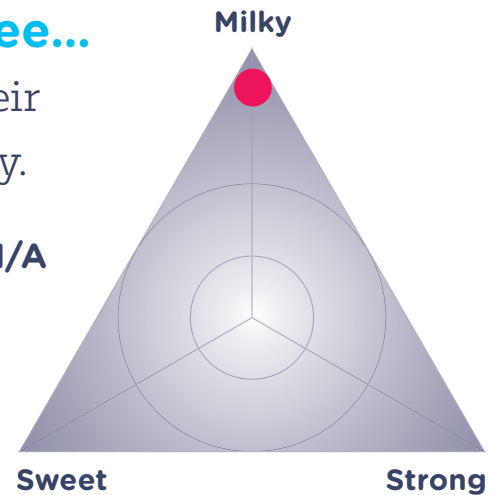
You put a dot ● in the triangle in the position that best describes your experience.

You can put the dot ● anywhere at all inside the triangle. See the examples.

Q. I like my coffee...

This person likes their coffee with milk only.

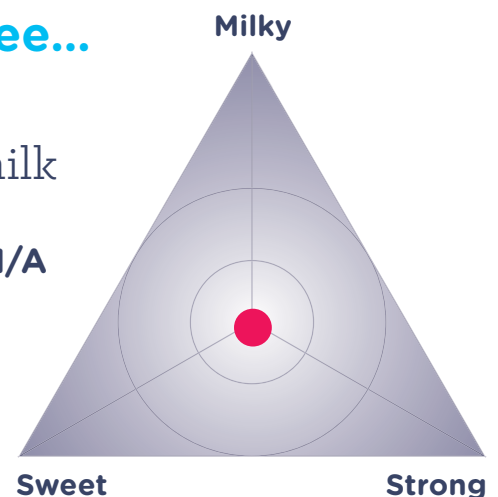
☐ N/A



Q. I like my coffee...

This person likes a strong coffee with milk and sugar.

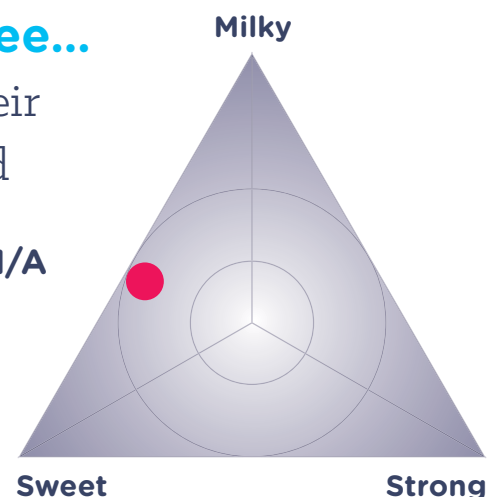
☐ N/A



Q. I like my coffee...

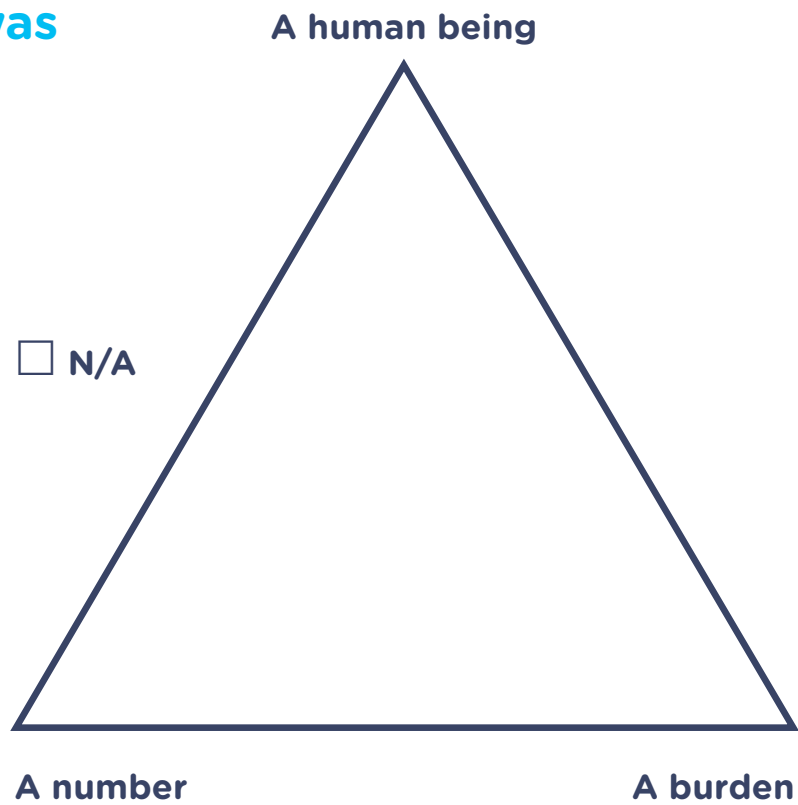
This person likes their coffee with milk and sugar.

☐ N/A

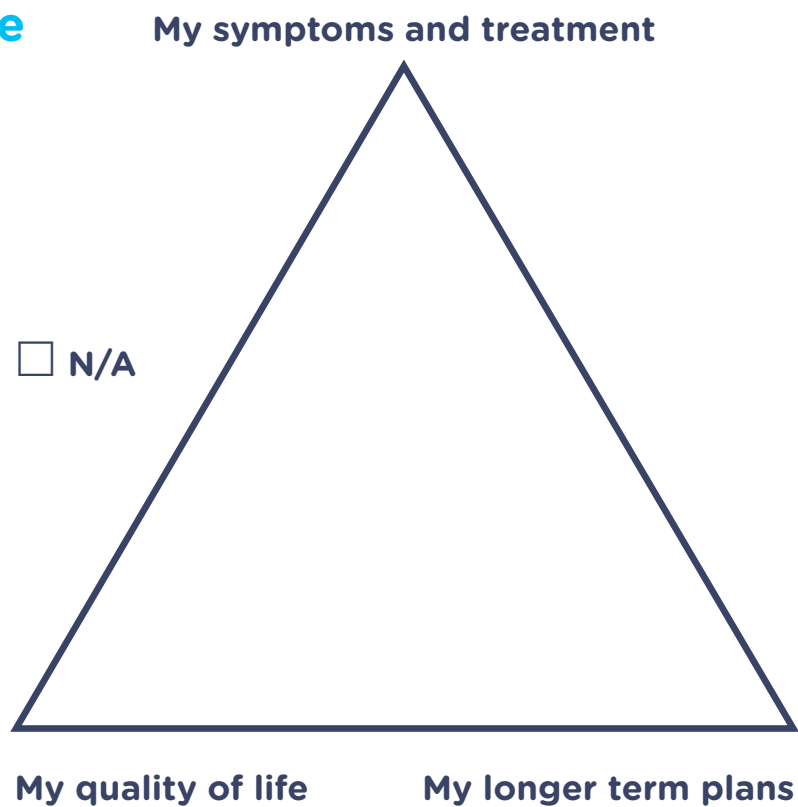


Now please think about your story ... what matters?

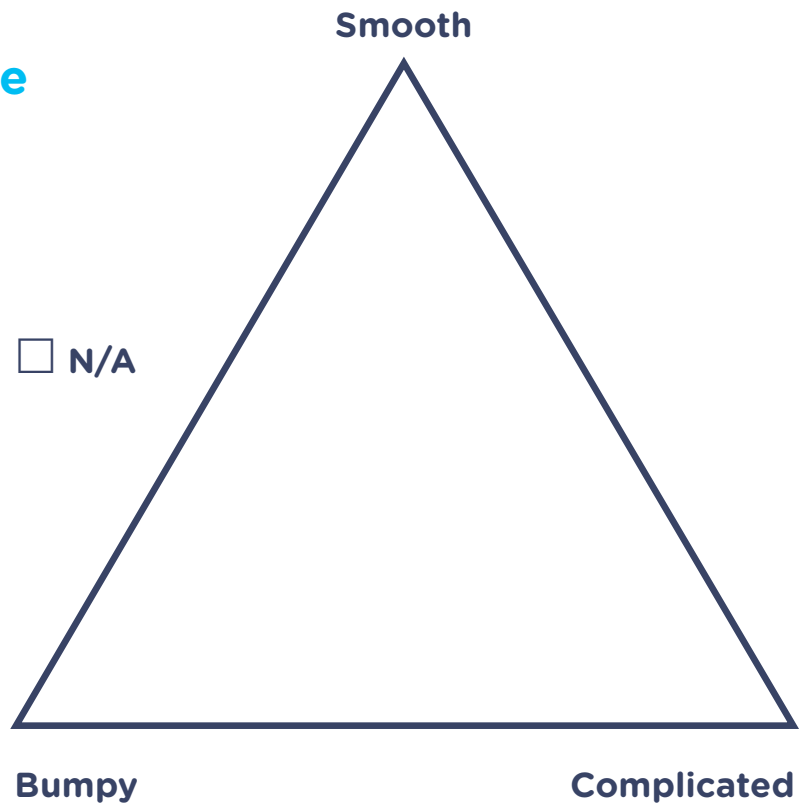
Q1. In this experience, I was
treated as ...



Q2. In this experience, the
health staff talked to me
most about ...



**Q3. My journey through
this healthcare experience
was ...**



**Q4. In this experience,
my treatment was most
influenced by ...**

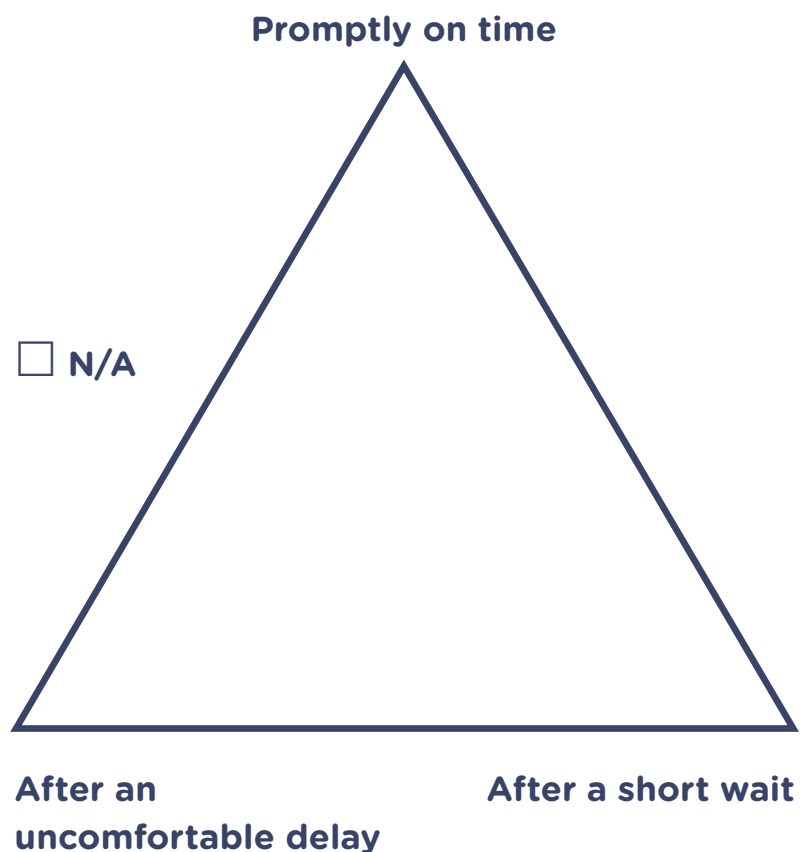


Now please think about your story ... what matters? (cont.)

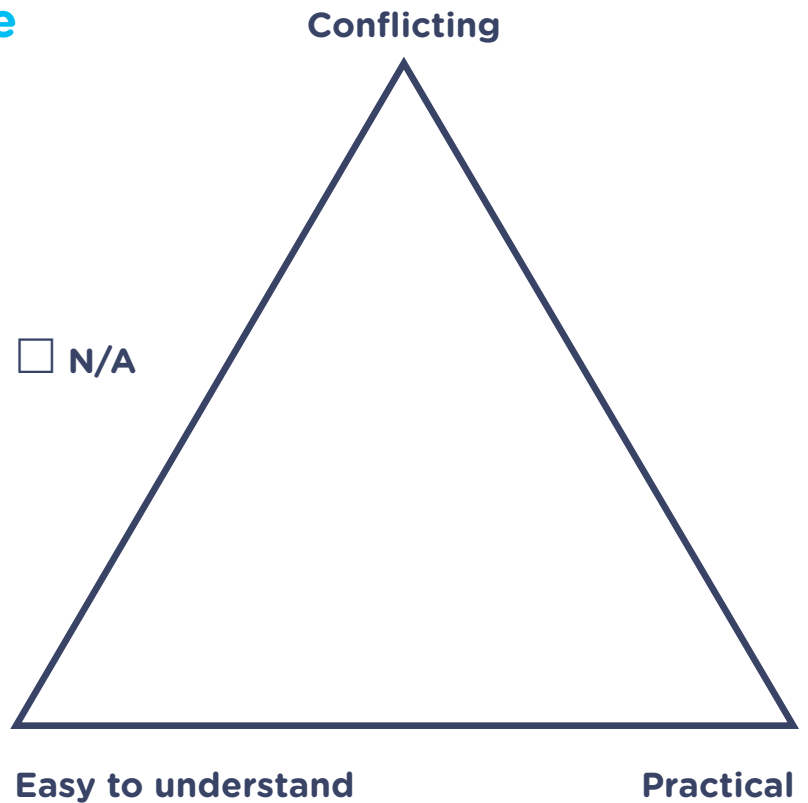
**Q5. In this experience,
the staff involved made
decisions ...**



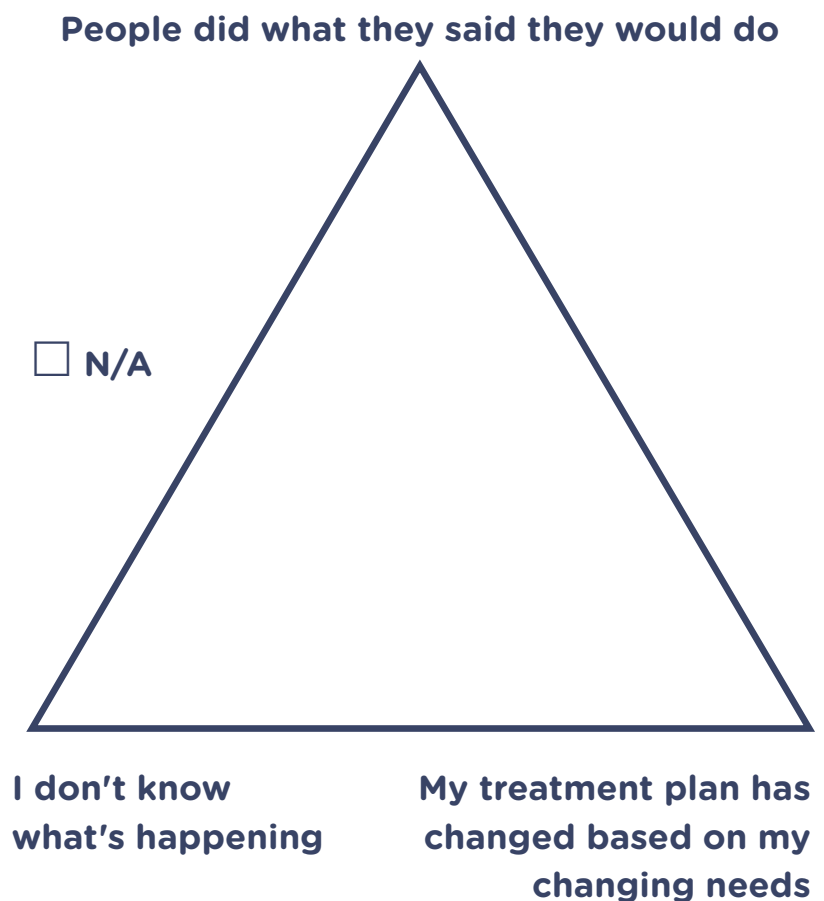
**Q6. In this experience,
I received the services I
needed ...**



**Q7. In this experience, the
information I got was ...**



**Q8. Since this
experience ...**



Now please think about your story ... what matters? (cont.)

Q9. In this experience, the people most important to me (for example my carer, family, friend) were ...

(Mark an **X** on the line)

Too involved and with too much say	Involved just the right amount	Ignored completely and not included in decisions
<div><input type="checkbox"/> N/A</div>		

Q10. For some people their cultural needs such as needs related to faith, family background, nationality, language or food are important. In this experience, my cultural needs were met ...

(please tick the appropriate box)

- ☐ Yes
- ☐ To some extent
- ☐ No
- ☐ Does not apply to me

**Q11. Please tell us about something extra kind that
someone did for you in this experience ...**

Your idea for improvement ...

What one thing would make it better for the next person

About the patient, their health and where the story happened ...

The next short section helps us to know what parts of the health services we need to make better.

For all of the questions, **please tick all the boxes** that tell about the **‘patient’** in the story. The patient might be you, or a family member, a friend or someone you care for.

About the patient ... age, ethnicity, gender, living

(Tick all the boxes that apply to the patient)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 0 – 15 years | <input type="checkbox"/> 16 – 17 years | <input type="checkbox"/> 18 – 25 years | <input type="checkbox"/> 26 – 64 years |
| <input type="checkbox"/> 65 – 84 years | <input type="checkbox"/> 85 years plus | | |

- | | | | |
|-------------------------------|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|--------------------------------------|--|

Ethnicity

- | | | |
|---|---|---|
| <input type="checkbox"/> Irish | <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other black background | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background | |
| <input type="checkbox"/> Other including mixed background | | |

Living where

- | | |
|---|--|
| <input type="checkbox"/> Stable accommodation | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Unstable accommodation | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> It is not appropriate for my situation | |

About the patient's health ... has a doctor or health staff ever told you that you have any of the following conditions?

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gynaecological issues |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Chronic lung disease like COPD, asthma, cystic fibrosis | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Intellectual impairment like Autism Spectrum Disorder or developmental delay or learning disability |
| <input type="checkbox"/> Cirrhosis or liver damage | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cognitive impairment like a brain injury, Alzheimer's disease or other dementia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Congenital heart defect | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Coronary heart disease like angina, heart attack, heart failure | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Diabetes or thyroid conditions | <input type="checkbox"/> Rare condition |
| <input type="checkbox"/> Difficulties associated with drinking or drug taking | <input type="checkbox"/> Sensory impairment like hearing or visual impairment |
| <input type="checkbox"/> Emotional or mental health difficulties like anxiety, depression, mood disorders, schizophrenia | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stroke or TIA |
| <input type="checkbox"/> Gastrointestinal conditions like Crohn's disease, colitis | <input type="checkbox"/> Other |

About the health setting ...

(Please tick all the boxes that apply to where the experience happened)

- | | |
|--|--|
| <input type="checkbox"/> Ambulance Service | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> Hospital Clinic |
| <input type="checkbox"/> Community Hospital | <input type="checkbox"/> Hospital Ward |
| <input type="checkbox"/> Day Care Centre | <input type="checkbox"/> Mobile Health Unit |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Nursing Home/Residential Home |
| <input type="checkbox"/> GP Surgery | <input type="checkbox"/> Outpatient Clinic |
| <input type="checkbox"/> Health Centre/Primary Care Centre | <input type="checkbox"/> Own Home |



About the place. Which county did the experience happen in?

(Please tick all the boxes that apply)

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Carlow | <input type="checkbox"/> Laois | <input type="checkbox"/> Roscommon |
| <input type="checkbox"/> Cavan | <input type="checkbox"/> Leitrim | <input type="checkbox"/> Sligo |
| <input type="checkbox"/> Clare | <input type="checkbox"/> Limerick | <input type="checkbox"/> Tipperary North |
| <input type="checkbox"/> Cork | <input type="checkbox"/> Longford | <input type="checkbox"/> Tipperary South |
| <input type="checkbox"/> Donegal | <input type="checkbox"/> Louth | <input type="checkbox"/> Westmeath |
| <input type="checkbox"/> Galway | <input type="checkbox"/> Mayo | <input type="checkbox"/> Waterford |
| <input type="checkbox"/> Kerry | <input type="checkbox"/> Meath | <input type="checkbox"/> Wexford |
| <input type="checkbox"/> Kildare | <input type="checkbox"/> Monaghan | <input type="checkbox"/> Wicklow |
| <input type="checkbox"/> Kilkenny | <input type="checkbox"/> Offaly | <input type="checkbox"/> West Wicklow |
-
- | | |
|--|--|
| <input type="checkbox"/> Dublin North City / Central | <input type="checkbox"/> Dublin South East |
| <input type="checkbox"/> Dublin North County | <input type="checkbox"/> Dublin South West |
| <input type="checkbox"/> Dublin North West | <input type="checkbox"/> Dublin West |
| <input type="checkbox"/> Dublin South City | <input type="checkbox"/> Dun Laoghaire |

About the health staff involved in the experience ...

(Please tick the boxes
that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Audiologist: tests hearing | <input type="checkbox"/> Midwife: specialist nurse for pregnancy and birth | <input type="checkbox"/> Porter: helps patients move around a hospital |
| <input type="checkbox"/> Case Manager: co-ordinates care of a patient | <input type="checkbox"/> Occupational Therapist: helps people to be as independent as possible with everyday activities, school and work | <input type="checkbox"/> Psychologist: helps with changes in thinking, mood and behaviour |
| <input type="checkbox"/> Catering staff: prepare and serve food | <input type="checkbox"/> Ophthalmologist: specialist eye doctor | <input type="checkbox"/> Public Health Nurse or Community Health Nurse |
| <input type="checkbox"/> Chaplain: pastoral or spiritual care | <input type="checkbox"/> Optician: tests eye sight and prescribes and fits glasses | <input type="checkbox"/> Radiographer: trained to take and read X-rays, CT scans and MRI |
| <input type="checkbox"/> Consultant: a specialist doctor | <input type="checkbox"/> Paramedic: first person to an emergency often in ambulance | <input type="checkbox"/> Radiologist: specialist doctor to take and read X-rays, CT and MRI |
| <input type="checkbox"/> Dentist: checks and treats teeth | <input type="checkbox"/> Pharmacist: prepares, supplies and provides information about medicines | <input type="checkbox"/> Secretary or Receptionist |
| <input type="checkbox"/> Dietitian: provides information about food and diet | <input type="checkbox"/> Phlebotomist: takes blood samples | <input type="checkbox"/> Social Worker: supports families and children who need help |
| <input type="checkbox"/> GP | <input type="checkbox"/> Physiotherapist: helps people with physical difficulties to get better movement | <input type="checkbox"/> Speech Therapist: helps with talking, understanding and eating and drinking |
| <input type="checkbox"/> Healthcare Assistant: works alongside nurses and doctors | <input type="checkbox"/> Podiatrist: helps with problems with feet | <input type="checkbox"/> I don't want to say |
| <input type="checkbox"/> Home Help: helps in your home with daily tasks of living | | <input type="checkbox"/> I wasn't sure who the person was |
| <input type="checkbox"/> Hospital Doctor | | |
| <input type="checkbox"/> Hospital Nurse | | |



You will not receive individual feedback about what you have written in this survey.

The HSE has a comments, compliments, complaints service that can provide feedback to you.

You can contact this service on yoursay@hse.ie or telephone low call: 1890 424 555.

Thank you for taking the time to complete this survey.



Please return to:

Patient Narratives
Clinical Strategy & Programmes Division
Longwood Room, 3rd Floor, Stewart's Care,
Palmerstown
Mill Lane
Dublin 20
D20 XT80

Email: yourvoicematters@hse.ie