



**Midlands Air Ambulance Charity**  
**Patient Care & Experience Survey**

**INTRODUCTION**

If you have been treated as a patient by Midlands Air Ambulance Charity, we are keen to learn more about your experience. We are committed to providing an excellent level of care to our patients and will ensure the answers you provide are used to continually improve our service for those who need us in the future.

Please fill out our patient survey below, it will take just 5 - 10 minutes.

**SECTION 1: ABOUT YOUR INCIDENT**

**Question 1: What was the date of your incident?** (Please write in the box below. If you are unsure of the exact date, please include the month and year.)

**Question 2: Where did your incident take place?**

- Gloucestershire
- Herefordshire
- Shropshire
- Staffordshire
- West Midlands
- Worcestershire
- Other (please specify):

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**SECTION 2: ABOUT YOUR EXPERIENCE**

**Question 3: Did you feel safe whilst in the care of Midlands Air Ambulance Charity?**

- Yes
- No
- Partly
- Unable to answer / cannot remember

Comments.....  
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**Question 4: Were you made to feel comfortable by Midlands Air Ambulance Charity?**  
(For example, were you given adequate pain relief? Were you kept warm enough?)

- Yes
- No
- Partly
- Unable to answer / cannot remember

Comments.....  
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**Question 5: Were you provided with open and honest information about your care / treatment by Midlands Air Ambulance Charity?**

- Yes
- No
- Partly
- Unable to answer / cannot remember

Comments.....  
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**Question 6: Were you involved in decisions about your care?**

- Yes
- No
- Partly
- Unable to answer / cannot remember

Comments.....  
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**Question 7: Were you treated with kindness, compassion, and dignity by Midlands Air Ambulance Charity?**

- Yes
- No
- Partly
- Unable to answer / cannot remember

Comments.....  
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**Question 8: How would you rate your overall experience of Midlands Air Ambulance Charity?**

- Outstanding
- Good
- Requires improvement
- Inadequate
- Unable to answer / cannot remember

Comments.....  
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**Question 9: After your incident, were you taken to hospital?**

- Yes
- No

**If you answered 'No', please skip to Question 14.**

**Question 10: Were you airlifted to hospital by Midlands Air Ambulance Charity?**

- Yes
- No
- Unable to answer / cannot remember

**If you answered 'No', please skip to Question 13.**

**Question 11: If you answered 'Yes', how did you find the experience on-board the helicopter?** (Please use the box below to include details of your overall feelings. You may want to include details about noises, sights, comfort, smells, temperature, and communication with the aircrew.)

**Question 12: Did you feel safe in the helicopter?**

- Yes
- No
- Partly
- Unable to answer / cannot remember

**Question 13: How long did you remain in hospital?**

- I am still in hospital
- I was discharged from hospital on the same day
- 1-2 days
- 3-7 days
- 1-2 weeks
- 2-4 weeks
- 1-2 months
- Longer than 2 months

**Question 14: Is there anything you think Midlands Air Ambulance Charity can learn from or improve to provide excellent patient care in the future?**

Comments:.....

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**Question 15: Midlands Air Ambulance Charity has a committed and passionate patient liaison team led by our own clinicians. Their focus is to provide a point of contact for our patients and their relatives/carers.**

**Would you be happy to be contacted by our patient liaison team?**

- Yes
- No

If you answered **'Yes'** and you would like our patient liaison team to contact you, please fill in your contact details below:

<b>Full name</b>			
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b>			

**Question 16: What is your ethnic group? (Choose one option that best describes your ethnic group or background)**

**ASIAN/ ASIAN BRITISH**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in:

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**BLACK/ AFRICAN / CARIBBEAN / BLACK BRITISH**

- African
- Caribbean
- Any other Black/African/Caribbean background, please write in:

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**MIXED / MULTIPLE ETHNIC GROUPS**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please write in:

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**WHITE**

- English /Welsh/ Scottish /Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please write in:

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**OTHER ETHNIC GROUP**

- Arab
- Any other ethnic group, please write in:

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**PREFER NOT TO SAY**

- Prefer not to say

**Question 17: CONSENT - I understand that any personal information that I may choose to give in this survey may be processed for the purpose of this survey. By ticking the 'I Agree' box, I give consent to my information being used in this way.**

**Agree**

**Thank you for taking the time to complete our Patient Experience survey.**

**If you have stated you wish to be contacted by Midlands Air Ambulance Charity, a member of our patient liaison and aftercare team will be in touch. Please note, we endeavour to respond to requests for contact within 10 working days.**