

INDEPENDENT NEUROLOGY INQUIRY

Patient Questionnaire & Guide

(Easy Read)

**NOTE – Closing Date for submissions is 5pm
on Thursday 26th August 2021**

We are reviewing Neurology Services provided in the
Greater Belfast area.

Tell us about your experiences of Neurology Services.

Tell us if you had concerns.

Tell us if you raised a complaint.

Tell us what the concern or complaint was.

What answer did you get?

Add your personal contact details as the Inquiry Panel
might need to contact you.

A full guide and questionnaire can be sent to you.

INDEPENDENT NEUROLOGY INQUIRY

QUESTIONNAIRE

| | | |
|--|--------------------------|--------------------------|
| Have you been a neurology patient in the Greater Belfast area? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

When were you a patient? (please provide dates)

Where were you a patient (locations)?

INDEPENDENT NEUROLOGY INQUIRY

IF YOU HAD A CONCERN –

DID YOU RAISE IT OR MAKE A COMPLAINT

| | | |
|---|--------------------------|--------------------------|
| Did you raise a concern or make a complaint about your treatment? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, what was the nature of your concerns/complaint?

Who did you raise the concern or complaint with?

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| How did you raise the complaint (Please tick)? | |
|--|--------------------------|
| In Writing | <input type="checkbox"/> |
| By email | <input type="checkbox"/> |
| Verbally | <input type="checkbox"/> |

| Did you receive an acknowledgement or a response to your concern or complaint? | Yes | No |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|---------------------------------------|
| What was the outcome (what happened)? |
| |

| Can you provide copies of any correspondence? | Yes | No |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |

INDEPENDENT NEUROLOGY INQUIRY

IF YOU HAD A CONCERN BUT DIDN'T COMPLAIN

| |
|--|
| What was the nature of your concern(s)? |
| |

| |
|--|
| Why did you not raise your concern(s) at the time? |
| |

| |
|--|
| Did anything prevent you from raising your concern(s)? |
| |

INDEPENDENT NEUROLOGY INQUIRY

ANY OTHER INFORMATION

Please provide any additional information which you feel will be of relevance to the Inquiry.

INDEPENDENT NEUROLOGY INQUIRY

CHECKLIST

I have enclosed the following: -

| | Tick |
|--------------------------------------|------|
| Completed questionnaire | |
| Supporting information (Copies only) | |
| Additional sheets (if needed) | |

CONTACT DETAILS

| | |
|---------------|--|
| Name | |
| Address | |
| Telephone No. | |
| Email | |

SIGNATURE

Signed

___/___/2021



Date

INDEPENDENT NEUROLOGY INQUIRY

Return questionnaire to:-

**Independent Neurology Inquiry
Bradford Court
1 Bradford Court
Belfast.
BT8 6RB**

Contact us

| | |
|---|--|
|  | Telephone 028 9025 1133 |
|  | Email info@neurologyinquiry.org.uk |

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