

## Patient Feedback

1. How satisfied were you with: (Please tick the appropriate box)

	Satisfied	No Opinion	Unsatisfied
	☺	☹	☹
The booking process for the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information that you were given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team that welcomed you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which factors were important to you in choosing to attend the clinic?  
(Please tick all that apply)

- |                                                          |                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> To improve my breathing control | <input type="checkbox"/> To access specialty tests                  |
| <input type="checkbox"/> To discuss new treatments       | <input type="checkbox"/> Curiosity                                  |
| <input type="checkbox"/> To see a specialist             | <input type="checkbox"/> To improve my inhaler technique            |
| <input type="checkbox"/> To discuss research trials      | <input type="checkbox"/> To confirm if I have a lung condition/COPD |
| <input type="checkbox"/> Other .....                     |                                                                     |

3. Would you recommend this service to your family or friends if they had a lung condition?

- Yes  No

If not, is there a specific reason for this?

4. Following your appointment, how confident do you feel managing your health?

(Please tick the appropriate box)

Confident	No Opinion	Unconfident
☺	☹	☹
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please would you provide any comments you have about the clinic?

Thank for completing this questionnaire, your feedback is very important to us.