

# mission<sup>TM</sup>abc

## TAKING CONTROL

### **MISSION ABC:**

**Modern Innovative Solutions  
to Improve Outcomes in Asthma,  
Breathlessness and COPD.**

## **Self-completion: End of clinic questionnaire**

Date and Version No: 14/09/2016 Version 1.0

# Self-completion questionnaire

Participant Study Number					Participant Initials				Completion Date	
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## Self-completion: End of clinic questionnaire

Dear Participant,

Thank you for participating in the MISSION ABC study and agreeing to complete this questionnaire. Your responses will help us to understand your experiences of the clinic and if we need to make adaptations to deliver what is important to people with similar health issues.

All information collected will be treated as private and confidential, in accordance with the Data Protection Act.

The first section explores your thoughts on the information we sent you before clinic and the booking process.

The second section asks about your experiences of the clinic.

The third section explores your thoughts on how care can be improved in the future.

Once you have completed this questionnaire please return it to the MISSION team as soon as possible.

Thank you for your time.

# Self-completion questionnaire

Participant Study Number					Participant Initials				Completion Date	
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## Section 1: Medical management of your respiratory condition

**1a.** How satisfied were you with the information that was sent to you about the MISSION clinic?

Very satisfied		Satisfied		Unsatisfied		Very unsatisfied	
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**1b.** Was there anything that was not clear about the clinic to you before you attended?

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**1c.** What did you expect the clinic to be like?

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**1d.** Was there anything that worried you about attending?

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## Section 1: Medical management of your respiratory condition

**1e.** We would like to understand why you attended the clinic today. Please circle any of the following that apply:

Curiosity	Advised to by doctor	Advised to by friend or family	To find out why I feel unwell	To improve my lung condition
To see a specialist	To get some help with my inhalers	To find out about new treatments	To see if I can be in a research trial	For reassurance
To learn about lung conditions	To meet other people who might have the same thing as me	To find out how I can help myself	To find out how to stay healthy	To get answers to questions I have

## Section 2: Your experience of the clinic today

**2a.** How satisfied were you with what was covered in the clinic today?

Very satisfied		Satisfied		Unsatisfied		Very unsatisfied	
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**2b.** Is there anything you feel was missing?

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## Section 2: Your experience of the clinic today

### 2c. Do you agree with the following 2 statements?

The MISSION clinic has improved my understanding of my health

Strongly agree		Agree		Disagree		Strongly disagree	
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The MISSION clinic has made me feel more confident in managing my lung condition

Strongly agree		Agree		Disagree		Strongly disagree	
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### 2d. Is there anything you would change about the clinic?

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## Section 3: About your care **before** you attended a MISSION clinic.

**3a.** Are there areas in your care up to now (before MISSION) that you feel need to be improved?

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**3b.** What do you think is good about the care you received before MISSION?

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