



# NHS 111 Feedback form

This form tells us about **your experience** using **NHS 111**  
It is to help us **make the service as good as it can be**



1. **Who** is completing this form?



Patient



Family member or carer



Friend or neighbour



Health or social care worker



Please tell us 

Other



2. How do you feel about your experience using NHS 111?



Very happy



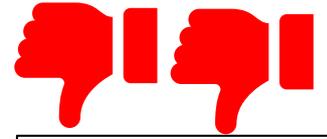
Happy



Ok



Unhappy



Very unhappy



3. If NHS 111 **wasn't available**, who would you have **contacted** about the health problem?



My GP



Urgent Treatment Centre



999



A&E



Other service

Please tell us



No other service



4. Did you **contact the GP before** calling NHS 111?



Yes

No one answered the phone

Yes

There were no appointments

Yes

They couldn't help me

Yes

They told me to call 111

**Closed**

My GP was closed



No



5. Did you **understand** the **questions** you were asked by **NHS 111 staff**?



Yes



No



Not sure



6. **How well** do you think the **NHS 111 staff** **understood** what was wrong?



Very good



Good



Ok



Bad



Very bad



7. Do you think you were given the **right advice** for the problem?



Yes



No



Not sure



Not relevant to my call



8. Did **NHS 111 staff** give you **clear information** about what to **do next**?



Yes



No



Not sure



Not relevant to my call



9. Did **NHS 111 staff** tell you what to do if the problem got worse?



Yes



No



Not sure



Not relevant to my call



10. Was the advice or information **helpful**?



Yes



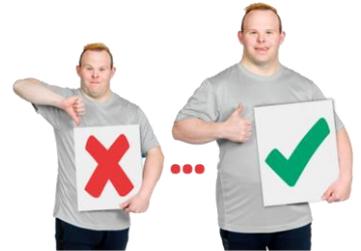
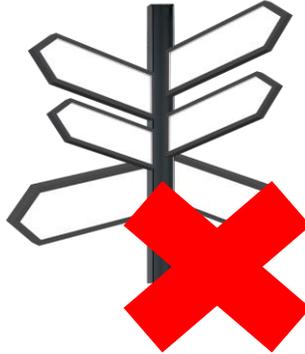
A bit



No



11. If you said **no**, **why** wasn't it helpful?

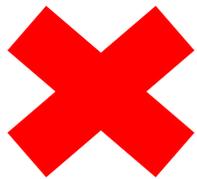


I didn't understand what they told me

It didn't meet my needs

I couldn't get help from the place I was referred to

I started to feel better without the help



I didn't want to bother another service

Not relevant to my call

Other  
Please tell us





12. Did you have to **wait** for a **medical professional** to **call you back**?



Yes



No



Not sure



Not relevant to my call



13. If you **said yes**, did NHS 111 staff tell you **how long** you would have to **wait**?



Yes



No



Not sure



Not relevant to my call



14. Did they **call you back** when they said they would?



Yes

No  
I called again  
later

No  
I gave up and  
used another  
service

No



Not relevant to  
my call



Other

Please tell us





15. Were you **referred** to another service?



Yes



No



Not sure



Not relevant to my call



16. Did the **staff at the other service know you were coming** and have your information?



Yes



No



Not sure



Not relevant to my call



17. Did the **staff at the other service know about your problem and your needs**?



Yes



No



Not sure



Not relevant to my call



18. Were you **treated with care and respect** by NHS 111 staff?



Strong yes



Yes



Ok



No



Strong no



19. Would you **tell someone else** to use NHS 111 in the **future**?



Strong yes



Yes



Ok



No



Strong no



20. Is there anything else you would like to say?





21. **Is it ok** for NHS 111 to **contact you** about your feedback?

**If yes**, please put your details in the boxes below



Yes



No



Your name 



Email address 



Phone number 



**Thank you** for completing this form

Please **return** it to a **member of staff**