

Acupuncture

We would be grateful if you would give us your feedback about your experience of the acupuncture service. Your views are important to us and will help us continue to develop and potentially improving our service.

Completing the questionnaire is optional and completely anonymous. All information will be treated in the strictest confidence.

1 Thinking back to before I started my acupuncture treatment.....

	Agree	Disagree	Don't know
I was given the opportunity to discuss my treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had enough time to discuss my treatment with the GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was given enough information about acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was offered a choice of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt involved in decisions about my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Since beginning my acupuncture treatment.....

	Agree	Disagree	Don't know
I have been able to reduce the amount of prescribed medication I take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been able to reduce the amount of non-prescription medication I take	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mobility has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am in less pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 How likely is it that you would recommend this service to a friend or family member who needed this type of treatment or care?

<input type="radio"/> Extremely likely	<input type="radio"/> Extremely unlikely
<input type="radio"/> Likely	<input type="radio"/> Don't know
<input type="radio"/> Unlikely	

- 4 Do you have any other comments or suggestions to make? (please continue on a separate sheet if necessary)

About you

These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

- 5 Are you:

☐ Male ☐ Female ☐ Prefer not to say

- 6 Age group:

☐ Under 18 ☐ 36-45 ☐ 66-75
☐ 18-25 ☐ 46-55 ☐ over 75
☐ 26-35 ☐ 56-65 ☐ Prefer not to say

- 7 Overall, how would you rate your health during the past 4 weeks

☐ Excellent ☐ Good ☐ Poor ☐ Prefer not to say
☐ Very good ☐ Fair ☐ Very poor

- 8 To which of these ethnic groups would you say you belong? (please tick one)

☐ White British ☐ Black or Black British
☐ White other ☐ Chinese
☐ Mixed background ☐ Prefer not to say
☐ Asian or Asian British

Other ethnic group (please specify)

Thank you for taking the time to share your views.

Please return your completed form by 15 December to:
FREEPOST NO: RTEY-EBEG-EZAT
PPE, NHS Gloucestershire Clinical Commissioning Group, 5220 Valiant Court
Gloucester Business Park, Brockworth, GL3 4FE