Longitudinal PREM
PREM questionnaire

Patient Experience Questions

Pretext: These questions relate to the care and treatment you have received over the last 6 months and will be used to inform efforts to improve your experiences in the future.

1.	Is there someone who helps you arrange and plan care for your longstanding health condition? ***Please select one box***	
	Yes	☐
	No, but I do want or need someone	☐
	No, I don't want or need someone	☐

FILTER: If patient answers No to Q1, go to Q2

1a.	Who is mostly responsible for helping you arrange and plan your care? ***Please select one box***	
	One main healthcare professional	☐
	A team of healthcare professionals	☐
	A family member or carer	☐
	Someone else	☐
	Don't know	☐

2.	Do you have a care plan that you know and understand? ***Please select one box***	
	Yes	☐
	No, but I do want or need one	☐
	No, I don't want or need one	☐

FILTER: If patient answers No to Q2, go to Q3

2a	Do you feel your care plan covers everything that needs to be covered? ***Please select one box***	
	All aspects of care were covered	☐
	Most, but not all aspects of care were covered	☐
	Some aspects of care were covered	☐
	Very few or no aspects of care were covered	☐
	Don't know	☐

3.	Do you feel that your care is well coordinated?	
	Please select one box	
	Yes, always	☐
	Yes, sometimes	☐
	No	☐
	Don't know/ can't remember	☐

4.	Did you feel you were treated with respect and dignity by healthcare professionals?	
	Please select one box	
	Yes, always	☐
	Yes, sometimes	☐
	No	☐

5.	Did healthcare professionals seem to know the important information about your medical history?	
	Please select one box	
	Always	☐
	Mostly	☐
	Sometimes	☐
	Rarely	☐
	Never	☐
	Don't know/can't remember	☐

6.	How often have healthcare professional(s) asked about personal or emotional issues that affect your health?	
	Please select one box	
	Always	☐
	Mostly	☐
	Sometimes	☐
	Rarely	☐
	Never	☐

7.	How often have healthcare professionals asked about physical or medical issues that affect your health?	
	Please select one box	
	Always	☐
	Mostly	☐
	Sometimes	☐
	Rarely	☐
	Never	☐

8.	Were you involved, as much as you wanted to be, in decisions about your care and treatment? ***Please select one box***	
	Yes, definitely	☐
	Yes, to some extent	☐
	No	☐
	I wasn't well enough	☐
	I didn't want or need to be involved	☐

9.	Did healthcare professionals help you to identify the most important things you need to do to manage your longstanding health condition? ***Please select one box***	
	Yes, completely	☐
	Yes, to some extent	☐
	No	☐
	Not applicable, I didn't need help	☐
	Don't know	☐

10.	Did the healthcare professionals explain things in a way you could understand? ***Please select one box***	
	Yes, always	☐
	Yes, sometimes	☐
	No	☐

11.	Overall, how would you rate the care you have received related to your longstanding health condition over the past six months? ***Please select one box***	
	Very good	☐
	Good	☐
	Neither good nor poor	☐
	Poor	☐
	Very poor	☐

12.	Have you received all the care you feel you needed for your longstanding health condition? ***Please select one box***	
	Yes, completely	☐
	Yes, to some extent	☐
	No	☐
	Not applicable – I didn't need any care	☐
	Don't know	☐

13.	How easy has it been for you to manage your longstanding health condition? ***Please select one box***	
	Very easy	☐
	Easy	☐
	Neither easy nor difficult	☐
	Difficult	☐
	Very difficult	☐

14.	Did you stay overnight as a patient in a hospital [in the last 6 months] ***Please select one box***	
	Yes	☐
	No	☐

FILTER: If patient answers Yes, go to 14a

14a.	Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? ***Please select one box***	
	Yes, completely	☐
	Yes, to some extent	☐
	No, arrangements were not adequate	☐
	It was not necessary	☐

14b.	Did the hospital provide you with a document summarizing the care you received in hospital (e.g. a copy of the letter to your GP, a discharge summary)? ***Please select one box***	
	Yes	☐
	No	☐
	Don’t know/can’t remember	☐