

Fracture Liaison/Prevention Service Patient Experience Survey

This survey aims to collect information about your experience of the care provided by the Fracture Liaison/Prevention Service . By completing this survey, you can help to improve the service for future patients. For each statement, please put a tick in the box that most closely represents how you feel.

		Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Applicable
Interactions	1	During my interactions with the Fracture Liaison/Prevention Service team I felt I was treated respectfully, as an individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations	2	During my bone density assessment (DXA scan) the person doing the scan explained what was going to happen and why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	The results of my bone density assessment (DXA scan) were explained to me clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	4	I have been given information about bone health and reducing my future fracture risk in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	I have been given information about organisations where I can obtain further information or support (e.g. the Royal Osteoporosis Society).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	I have had the opportunity to access information and/or education to help me manage my condition better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention	7	I was as involved as I wanted to be in decisions about my care and treatment by the Fracture Liaison/Prevention Service team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	I feel that the benefits and side effects of any treatment I was offered were adequately explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	I feel that I have a good understanding of the treatment I am taking or that I've been offered for my osteoporosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	I know who to contact to discuss any concerns about my bone health and / or my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not Applicable
Integration	11	I felt the plan for follow-up was explained to me clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	To my knowledge, I received copies of all letters that were sent to my family doctor (GP) by the Fracture Liaison/Prevention Service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	I could understand the information contained in any clinic letters (sent from the Fracture Liaison/Prevention Service to my GP) that were copied to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	14	Overall, I had a good experience of care from the Fracture Liaison/Prevention Service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, please use the space below to tell us anything else about the Fracture Liaison/Prevention Service you feel is important, or to expand on any of your answers – including whether there is any further information you would have liked but were not provided with. We aren't able to answer individual questions as all survey responses are anonymous – so if you have any questions about your care, please contact the Fracture Liaison/Prevention Service directly.

Thank you for taking the time to complete this questionnaire.