



Speech and Language Therapy Rapid Response Survey

You have been asked to complete this survey as you have used the Speech and Language Therapy Services recently. The purpose of the survey is to understand patient experience, consider improvements where they are needed and also celebrate our successes where experience has been good.

1. Overall how was your experience with Speech and Language Therapy Service (SLT)?

- Very Good
- Good
- Neither good not poor
- Poor
- Very poor

Please add any additional comments here.

2. When SLT contacted you via telephone how many days did you have to wait for an appointment

- Same day
- Next day
- Within 3 working days
- Within 4 working days
- Within 5 working days
- More than 5 working days

Please add any additional comments here.

3. If an x-ray of your swallow was needed, how long did you have to wait for this?

- Less than 5 working days
- Less than 2 weeks
- 1 month
- 2 months
- 3 months
- 4 or more months
- X-ray not required

Please add any additional comments here.

4. Did the SLT recommend modifications to diet and fluids to make your swallow easier to manage?

- Yes
- No
- Not required

5. Did you have to be admitted to hospital following your SLT appointment or was hospital admission avoided?

- Admission avoided
- Planned admission for elective PEG
- Admitted to hospital

6. Did you feel supported by the SLT to make a decision about your eating and drinking that you felt was best for your quality of life?

- Yes
- No
- Somewhat

Please add any additional comments here.

7. Were you given options with risks and benefits for each choice?

- Yes
- No
- Somewhat

Please add any additional comments here.

8. Do you feel more confident in managing your swallowing difficulties following help from your SLT?

- Yes
- No
- Somewhat

Please add any additional comments here.

Were you given any of the below written documentation?

9.a Yellow swallow guideline sheet.

- Yes
- No
- Not required

9.b Emergency thickener voucher.

- Yes
- No
- Not required

9.c IDDSI diet modifications leaflets.

- Yes
- No
- Not required

10. Thinking about your recent visit, what went well?

11. Thinking about your recent visit, what can we improve on?

12. Please can you confirm your age?

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 and over

13. My gender is?

- Male
- Female
- Prefer not to say
- Prefer to self describe below

My gender is: