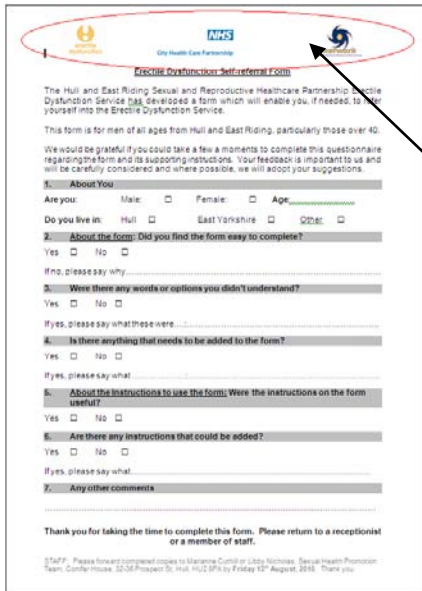


Questionnaire Layout

If you are developing a questionnaire to use within the service, please include the following information/questions:

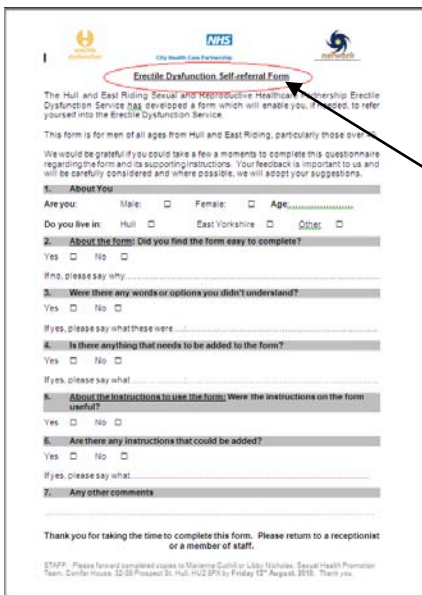
Logos



The screenshot shows a questionnaire form titled "Erectile Dysfunction Self-referral Form". At the top, there are three logos: the Hull City Council logo, the NHS logo, and the City Health Care Partnership logo. These logos are circled in red. An arrow points from the text on the right to the NHS logo. The form contains several sections with questions and checkboxes, such as "About You", "About the form", and "Any other comments".

Include the Network Logo, City Health Care Partnership Logo and any other relevant logos that need to be included. If you are working in partnership with other organisations, they will also need their logo including (e.g. Cornerhouse, Council).

Title



The screenshot shows the same questionnaire form as above. The title "Erectile Dysfunction Self-referral Form" is circled in red. An arrow points from the text on the right to the circled title.

Give your questionnaire a simple title which reflects the subject you are consulting on.

Background information and instructions

The Hull and East Riding Sexual and Reproductive Healthcare Partnership Erection Dysfunction Service has developed a form which will enable you, if needed, to refer yourself into the Erection Dysfunction Service.

This form is for men of all ages from Hull and East Riding, particularly those over 40. We would be grateful if you could take a few moments to complete this questionnaire regarding the form and its supporting instructions. Your feedback is important to us and will be carefully considered and where possible, we will adopt your suggestions.

1. About You

Are you: Male: Female: Age:

Do you live in: Hull East Yorkshire Other

2. About the form: Did you find the form easy to complete?

Yes No

If no, please say why:

3. Were there any words or options you didn't understand?

Yes No

If yes, please say what these were:

4. Is there anything that needs to be added to the form?

Yes No

If yes, please say what:

5. About the instructions to use the form: Were the instructions on the form useful?

Yes No

6. Are there any instructions that could be added?

Yes No

If yes, please say what:

7. Any other comments

.....

Thank you for taking the time to complete this form. Please return to a receptionist or a member of staff.

STAFF: Please forward completed copies to Marina Cuthill or Lily Nicholls, Sexual Health Promotion Team, Conifer House, 32 St Praxed St, Hull, HU2 2PS by Friday 13th August 2016. Thank you.

This is a brief blurb regarding what your questionnaire is about. Include information such as:

- **Who is conducting the questionnaire** – for example 'The Hull and East Ridign Sexual and Reproductive Healthcare Partnership would like to....'
- **The aim of the questionnaire** – What are you trying to find out?
- **The target population** – For example age range, gender, specific groups, service users
- **Simple explanation of what you would like the respondent to do** – For example, '...take a few moments to complete the following questions'
- **Explain what you intend to do with the feedback** – '...your feedback is important to us and will be carefully considered and where possible, we will adopt your suggestions.'

Demographic information

will be carefully considered and where possible, we will adopt your suggestions.

1. About You

Are you: Male: Female: Age:

Do you live in: Hull East Yorkshire Other

2. About the form: Did you find the form easy to complete?

All questionnaires should gather this basic demographic information to ensure that we are targeting the correct groups, for example:

- Gender
- Age
- From which area or first part of postcode

Thank you and Instruction

.....

Thank you for taking the time to complete this form. Please return to a receptionist or a member of staff.

STAFF: Please forward completed copies to Marina Cuthill or Lily Nicholls, Sexual Health Promotion

Thank the respondent for taking the time to complete the form and give instructions on what they should do with the form.

Instruction to staff

~~Thank you for taking the time to complete this form. Please return to a receptionist or a member of staff.~~

STAFF: Please forward completed copies to Marianne Cuthill or Libby Nicholas, Sexual Health Promotion Team, Conifer House, 32-36 Prospect St, Hull, HU2 8PX by Friday 13th August, 2010. Thank you.

As a footer add instructions for staff. Think about:

- Who does the questionnaire need to be returned to?
- What address? Room number?
- What date does the consultation close?
- Where and when will the results be available?
- Thank you

Extra tips:

Try not to add in too many questions: aim to fit the questionnaire on to one side of A4, two sides at the most.

Always test your questionnaire: Ask your colleagues to have a go at completing the questionnaire for clarity before handing it out to the public. It may require some changes to wording or layout to make it clearer.

Proof read: Ask a colleague to read over the questionnaire for spelling and grammatical errors, or errors in the accuracy of the information.

Remember!

Any consultations you undertake must be registered with the CHCP. This is done by completing a Project Registration form which can be found on the CHCP intranet site.

When you have completed your consultation and gathered all the results, you will be required to complete an Outcome Form for the CHCP to keep as a record. This can also be found on the CHCP intranet site.