



**Patient Experience of Transport for Haemodialysis: 6th / 7th June 2017**

Dialysis Unit	
Postcode of Residence/ Start of journey	__ - __ - __ - __ - __ - __
DOB:	__ / __ / ____
Currently Hospital Inpatient: (if yes do not complete remaining questions)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Journey to Dialysis**

Transport Type (Please tick one)

Timing of journey (Please use 24 hour clock)

Two man ambulance	
SAS mini-bus	
SAS Car	
Public transport	
Own Transport	
Taxi	
Red cross	
Other (please specify)	

Allocated pick-up time	:
Actual pick-up time	:
Time of arrival at unit	:
Dialysis appointment time	:
Dialysis start time	:

No. of passengers today	
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Patient comment upon experience of inward journey today (if any)

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**Journey Home from Dialysis**

Transport Type (Please tick one)

Timing of journey (Please use 24 hour clock)

Two man ambulance	
SAS mini-bus	
SAS Car	
Public transport	
Own Transport	
Taxi	
Red cross	
Other (please specify)	

Time ready to go home	:
Pick-up time	:

How long does your journey home usually take?	:
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**Patient Mobility** (please tick one)

Independent	
Require assistance of one to mobilise	
Require assistance of two to mobilise	
Immobile/ HD in bed/ requires hoist	

Are you travelling to the dialysis unit closest to your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If No, why not? - (please tick one)</i>	
Clinical condition	
Nearest unit has no capacity	
Patient choice	
Other (please specify)	

**Satisfaction with Transport Arrangements**

Please rate your satisfaction with your transport arrangements to and from dialysis.

(Where 1 means unsatisfactory and 10 means satisfactory)

Unsatisfactory 1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Satisfactory

**Patient comment upon experience of transport/ travel to and from dialysis in general (if any)**