**FeNO Test Patient Experience – Feedback Survey**

Thank you for taking the time to complete this survey. The Health Innovation Network (HIN), an NHS Organisation, are working together with your local GP and community respiratory service to improve asthma diagnosis and management for patients in your area. We are seeing how having a FeNO test can positively impact the lives of those with asthma. We are doing this by providing your GP/community service with a new FeNO device or increasing access to the current FeNO testing service.

As part of the evaluation, we are collecting feedback from patients who have received a FeNO test so they can share their experience and understand if a FeNO test has improved their understanding of their asthma/asthma symptoms.

All responses will go directly to the evaluation team at the Health Innovation Network. They will analyse the feedback from all sites to understand its effectiveness.

If you would like any assistance or have any questions, please speak to your care provider, or email Pearl from the Health Innovation Network at [pearl.brathwaite@nhs.net](mailto:pearl.brathwaite@nhs.net)

**The survey should take approximately 5 minutes to complete.**

**Consent:**

**Before starting the survey, please read and tick the below statements around use of information from this survey:**

* I understand that personal information collected about me that can identify me will not be shared beyond the evaluation team (at the Health Innovation Network, Southwest London ICS and Southeast London ICS)
* I agree that the information provided in the interview may be quoted anonymously in evaluation reports.

**If you are completing this survey on behalf of a patient, please tick all that applies to the patient and answer accordingly.**

1. **What is your ethnic background? Please tick which best applies**

|  |  |  |
| --- | --- | --- |
| White:   * English, Welsh, Scottish, Northern Irish or British * Irish * Gypsy or Irish Traveller * Roma * Any other White background\_\_\_\_\_\_\_\_\_\_\_\_ | Mixed/ Multiple ethnic groups:   * White and Black Caribbean * White and Black African * White and Asian * Any other Mixed or Multiple background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Asian or Asian British:   * Indian * Pakistani * Bangladeshi * Chinese * Any other Asian background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Black, Black British, Caribbean or African Caribbean:   * African * Caribbean * Any other Black, Black British or Caribbean background \_\_\_\_\_\_\_\_\_\_\_\_\_ | Other ethnic group:   * Arab * Latin American * Any other ethnic group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Prefer not to say * Prefer to self describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Please select your age group;**

|  |  |  |  |
| --- | --- | --- | --- |
| * 18 – 34 | * 35 - 44 | * 45 – 54 | * 55 – 64 |
| * 65 – 74 | * 75 – 80 | * 80 + | * Prefer not to say |

1. **Where did you attend your FeNO test appointment?**

* Your GP
* Your local community service
* A different GP/community service to your normal GP/community service

1. **How long did your appointment last?**

5 – 9 minutes 10 – 14 minutes 15 – 19 minutes 20 minutes +

1. **Were you given a clear explanation why you were having a FeNO test?**

Yes No Unsure

1. **Have you had a FeNO test before?**

Yes No Unsure

1. **If yes, how many FeNO tests have you had in the past 12 months?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** | **More than 5** |

1. **How many appointments have you had with a health professional relating to your asthma in the past 12 months?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** | **5** | **More than 5** |

1. **On a scale of 1 – 10, how confident are you in managing your asthma/respiratory symptoms?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1. **In your own words, what do you believe causes or triggers your asthma/ respiratory symptoms?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Are you happy for us to email you a similar short survey in 3 months time to answer more questions around your FeNO test, how this has impacted your asthma or respiratory symptoms and how you are managing your condition?**

* Yes, I am happy to be emailed
* Yes, please can I have some more information
* No thank you

**If you are happy to be contacted for a follow up survey, please provide your details below against which method you would prefer to be contacted:**

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_