

FIT IN SECONDARY CARE - A PILOT PATIENT SURVEY

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

A. DEMOGRAPHIC QUESTIONS

We will ask you to share some demographic information with us.

1. Select your age group.

☐ 40-49

☐ 50-59

☐ 60-69

☐ 70-79

☐ 80-89

☐ >90

2. What is your gender?

☐ Female

☐ Male

☐ Prefer not to say

☐ Other

3. Race

- ☐ Asian or Asian British
- ☐ Black, Black British, Caribbean, or African
- ☐ Mixed or multiple ethnic groups
- ☐ White
- ☐ Other

4. Can you provide the first digits of your post code (For example: RM1 / IG11)

Enter your answer

5. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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* Required

B. PATIENT EXPERIENCE WITH FIT IN SECONDARY CARE

We will now ask you some questions regarding your experience with the FIT test.

6. Did a staff member explain why you were asked to do a FIT Test? *

- ☐ Clear explanation
- ☐ Poor Explanation
- ☐ No Explanation

7. Did the staff member provide a good explanation of how to do the test? *

- ☐ Clear explanation
- ☐ Poor Explanation
- ☐ No Explanation

8. Did you know how you would receive your results before leaving the hospital? *

- ☐ Yes
- ☐ No
- ☐ Not sure

9. Did you read the leaflet that accompanied your FIT kit? *

- ☐ Yes
- ☐ No
- ☐ Not sure

10. Was the leaflet useful and easy to follow, with clear instruction? *

- ☐ Easy
- ☐ Not so easy
- ☐ Difficult

11. Have you called the number provided on the leaflet? *

- ☐ Yes
- ☐ No

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