

GPwER: Care and management of adult patients with Gender Dysphoria / Gender Incongruence in Primary Care



Patient Experience Survey

Thank you for taking the time to complete this survey. Your feedback helps us shape and improve the service we are providing.

How easy was it being referred into GPwER service from your GP Practice?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neutral
- ☐ Somewhat difficult
- ☐ Very difficult

What was the reason for your referral?

- ☐ Advice and support for myself
- ☐ Advice and support for my GP Practice to support me
- ☐ Medication request / review
- ☐ Onward referral request

How long did you wait for your appointment?

- ☐ 1-3 days
- ☐ 4-6 days
- ☐ 1-2 weeks
- ☐ 2 weeks+

How comfortable did you feel discussing your needs with the clinician?

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Uncomfortable
- ☐ Very uncomfortable

Did staff use your correct name and pronouns?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Did you feel listened to and respected?

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

How knowledgeable did the staff seem about gender dysphoria and trans-inclusive care?

- ☐ Very knowledgeable
- ☐ Knowledgeable

- ☐ Somewhat knowledgeable
- ☐ Not very knowledgeable
- ☐ Not knowledgeable at all

How clear was the information provided about your options (e.g., social transition, hormone therapy, referrals, mental health support)?

- ☐ Very clear
- ☐ Clear
- ☐ Somewhat clear
- ☐ Not clear
- ☐ Not at all clear

Were you given opportunities to ask questions?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

Did you feel that your needs were understood and addressed?

- ☐ Yes, completely
- ☐ Mostly
- ☐ Partially
- ☐ Not really
- ☐ Not at all

Were you given a clear plan for next steps?

- ☐ Yes
- ☐ Somewhat
- ☐ No

How confident do you feel about managing your care after this appointment?

- ☐ Very confident
- ☐ Confident
- ☐ Unsure
- ☐ Not confident

Overall, how satisfied are you with the service?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

Would you recommend this service to others experiencing gender dysphoria?

- ☐ Yes
- ☐ Maybe
- ☐ No

Please share anything else that you would like to feedback or could help us improve the service:

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