

1. Name of clinic (Clinic dropdown)

If Other, please specify

2. Type of clinic (Children's clinic / Young peoples' clinic / Adult clinic)

3. What is your gender identity? (Man/boy / Woman/girl / Non-binary / Prefer not to say / Gender fluid / Other (specify))

If Other, please specify

4. What is your age? (12-15 / 16-18 / 19-25)

5. Did anything make it difficult for you to attend your appointment today? (e.g. money for transport, managing journey, money for food, journey travel time, missing time from school or college) (Yes / No)

6. If you answered 'Yes' above, please tick all that apply (Money for transport / Managing journey / Money for food / Journey travel time / Missing time from school or college / Other (please specify))

If Other, please specify

7. Who was with you during your appointment? (I was on my own / Someone (e.g. parent/carer) was with me for some of the time / Someone (e.g. parent/carer) was with me for all of the time)

8. Were you able to make a choice about whether to have someone with you during your appointment? (Yes / No / Don't know)

9. In your appointment, were you given clear information about your health and treatment that you could understand? (Yes / No / Don't know)

10. Did you feel involved in making decisions about your care? (Yes / No / Don't know)

11. Did you understand that any information you share during your appointment is kept confidential? (Yes / No / Don't know)

12. Did you have the opportunity to talk to a member of the clinic team you felt you could trust? (Yes / No / Don't know)

13. Do you feel that clinic is welcoming and friendly? (Yes / No / Don't know)

14. Do you feel comfortable and well looked after? (Yes / No / Don't know)

15. What would make your experience of attending clinic better? (Free text)