Here in Clinical Neurophysiology we recognise that coming to hospital for tests can be quite a stressful experience. We have asked if you’ll complete this short questionnaire to help us improve our services, particularly to those with learning difficulties, autistic spectrum disorder and / or anxiety.

Thank you

1. If you had the choice, where would you have preferred the EEG test be performed? Please note that we can only test to see if you are affected by flashing lights in the hospital department and so this is a more thorough test. Please tick all that apply
   * Hospital department
   * School
   * Home
   * Other

Please state…………………………………………………………………………………………………..………………………………

1. What information would you have liked before coming for the EEG test? Please tick all that apply
   * Leaflet explaining the test
   * Cue cards (simple leaflet flash-card style)
   * Visit to the department beforehand (look round, familiarise and play!)
   * Online video – e.g. YouTube
   * Virtual visit (photo’s /360-degree video of the EEG rooms)
   * Phone call to discuss needs and anxieties
   * Other

Please state…………………………………………………………………………………………………………………………………..

1. How would you like to access the information about the EEG test? Please tick all that apply
   * By post
   * By phone
   * Hospital internet site
   * Podcast video’s
   * Social media page
     + Facebook
     + Instagram
     + Twitter
     + Other

Please state………………………………………………………………………………………………………….……………………….

1. Would it be helpful to ask questions about the test before coming?
   * No
   * Yes
     + By phone
     + By text
     + By email
     + Facetime / video call
2. Are there any other changes that you would like to see?
   * change of room layout
   * more sensory toys
   * staff not in uniform
   * Other

Please state…………………………………………………………………………………………………………………………………………

1. What other information would you like us to know about before you come for the test?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. I (the patient) have a…
   * Learning disability
   * Autism
   * Anxiety
   * Prefer not to say
   * Other

Please state…………………………………………………………………………………………………………………………………………

It would be really useful to gather a small working group together of parents or carers to discuss how we can improve in more detail. If you would be happy to get involved, please supply us with contact details

Telephone………………………………………………… Email………………………………………………………………………

Thank you