

# User guide - to access the PROMs portal enabling patients to complete PROMs questionnaires at home

### How to access the website:

The address for the PROMs website is: <u>https://proms.nhs.wales</u>. This should be entered into the address bar of whatever device you are using. The website works on PCs, laptops, tablets and mobile phones.

When you receive your referral acknowledgement letter it will include the PROMs website address and a unique reference number (URN). Enter the website address into the address bar on your internet browser. Once the portal has loaded the following screen appears. This is the homepage of the PROMs Website.



From here you can choose to go directly into the questionnaire by clicking on the 'Start Questionnaire' box or you can learn more about PROMs and the questionnaires by clicking on the relevant box i.e. 'About the Questionnaires' the 'Frequently Asked Questions'.

#### Accessing the questionnaire:

When the 'Start Questionnaire' box is clicked you will be taken to the log-in page where you will be asked to enter the URN, given in your referral acknowledgment letter, into the 'Reference no:' box and to authenticate yourself by inputting your year of birth into the 'Year of Birth' box.

<u>Please note</u>: The URN is case sensitive therefore it is important that you enter it into the 'Reference Box' exactly as you see it in your referral acknowledgement letter.

	Patient R	eported Outco	me Measures	Cymraeg
Home / U	Inique ID Request			
	V	velcome to the PRC	Ms portal for NHS Wales	
St	ep 1: Please ente	r your Reference Numb	er, Year of Birth and select Lang	uage preference.
	Reference No:	Your unique reference number		
Enter URN here		Please note the unique reference number is case sensitive. Please enter it <b>exactly</b> as you see it in the letter		
	Year of Birth:	YYYY		
Enter year of birth here	Language:	English	O Welsh	
			Next >	

#### Consent:

The next page in the questionnaire relates to consent. There are 4 questions to answer in this section. If someone else is helping you to complete the questionnaire, it is here that they can identify who they are and why they are helping you. It is important, however, that the answers you give must be your own and not those of the person helping you.

There are 2 'Yes/No' consent questions where you will be asked to agree to share the information you are going to provide with healthcare professionals involved in your care as well as it being linked to other NHS databases.

An email address field is also in this section. Although this is not mandatory, please supply an email address if you have one as the intention of the programme is to contact patients using email address. If you do not have one, please tick the 'I do not have an email address' box.

PROMS Form	IG MRU HS Les		English -
	Introduction		
	Are you completing this questionnaire for someone else?	If the questionnaire is being completed be else a dropdown will appear asking the r that person to you	by someone relationship of
	The purpose of this questionnaire is to collect information al by the NHS in Wales.	bout the quality of healthcare services that are being provide	ed
	Organisations within NHS Wales regularly collect information abo assist in the management of your care and treatment to impro review current services and conduct research to see how services	out you and other patients to: ove the services it provides to you vices can be improved.	
	To ensure the provision of high quality care and robust research, information held about you in your hospital and GP records, other information will be treated as being strictly confidential. We will fro external organisations. Your data will be handled securely in accord identifies you (your personal information) will never be released be behalf unless it has your express permission to do so, or if the NH	we would like to link the information you provide to other relevar r NHS organisation and national databases. Your personal om time to time share anonymous information about your care w ordance with the Data Protection Act 1998. Information which by NHS Wales or any third party organisations working on its HS Organisation is required to do so by the law or by the Courts.	ıt ith
	* I consent to the information I provide to be shared with healthca	are professionals involved in my care.	
Whilst entering an email address is not mandatory, completing this field on the questionnaire is. Please supply an email	<ul> <li>No</li> <li>* I consent to the information I provide to be linked to other NHS databases or used for service improvement, planning and research purposes.</li> <li>C Yes</li> </ul>		You need to answer Yes or No to both of the consent questions. These 2 questions are mandatory.
address if you have one, if not please click on the 'I do not have an email address' button.	No     Please answer yes or no     We would like to contact you again in the future by email to measi	ure vour proaress. By providing vour email address vou are	
	consenting for us to contact you in the future. It is advisable not to everyone with access to the account to be aware of your medical Please enter the email address we can use for future contact	o usé a shared / family email address unless you are happy for condition.	

### Answering the questions:

A number of the questions consist of multiple choice options which require you to click on the answer of your choice. Once all questions on the page are answered you can scroll down to the bottom of the page and click on the 'next' button.



### Answering the questions: (cont)

A number of the questions use a sliding scale. Click on the button in the middle of the scale and move it either up or down or left or right, depending on the orientation of the scale, to the relevant number.



# Answering the questions: (cont)

There are also questions that require a numerical answer i.e. 'What year were you born?' or 'What is your weight?.' These questions require you to enter a numerical answer into the box provided.

			English -
PROMs Form			
	About You		
	This section allows us to unders outcomes. Please answer it, as	stand your personal circumstances and the important factors which may affect your health and accurately as you can.	
	What year were you born?		
	1964		
	Please enter the year of your birth, eg	1940 Enter numerical answer into the box provided	
	What is your weight?	st Ib	
		OR 🔨	
		kg	
	What is your height?	t in	
		OR AND	
		cm	
	What is your waist size?	in	
		OR F	
		cm	

## Submitting your questionnaire:

Once you have answered all the questions you will be asked to click on the 'Submit' button. Please ensure you are happy with the information you have provided before clicking "submit". Please note: you will not be able to update any answers once you have submitted the questionnaire.

		English +
Orthopaedic Knee Form		
	Submit Questionnaire	
	By submitting this questionnaire you are confirming that you are happy with the information you have provided.	
	Please note, you will not be able to update any answers once you have submitted the questionnaire.	
	To submit the questionnaire please click submit	
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	Prev Submit	