Patient's questionnaire

Dear Patient,

We would be grateful if you would complete this survey about your recent treatment. The Surgery want to provide the highest standard of care. Feedback from this survey will enable us to identify areas that may need improvement. Your opinions are therefore very valuable. Please answer ALL the questions that apply to you. There is no right or wrong answers and your doctor will NOT be able to identify your individual responses. Thank you.

1 The doctor/nurse I saw today was _____

2 How do you rate the way you were treated by receptionists at the clinic?

Very poor	Poor	Fair	Good	Very good	Excellent
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

3 a) How do you rate the hours that the clinic is open for appointments?

Very poor	Poor	Fair	Good	Very good	Excellent
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

b) What additional hours would you like the clinic to be open? (Please tick all that apply)

Early Morning	Lunch-times	Evenings	Week-ends	None, I am satisfied
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4 Thinking of the time you waited to have your appointment: (please tick one box only)

a) How long did you wait to be seen?

1 Day	2 Days	3 Days	4 Days	1 week	2 weeks	longer than 2 weeks
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

b) Was the waiting time acceptable to you?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5 If you require further treatment where would you prefer to be treated?

General Community Practice	Elsewhere? Hospital
☐ 1	☐ 2	☐ 3

6 a) How long did you have to wait at the clinic for your consultation to begin?

(Please tick one box only)

5 minutes Or less	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

b) How do you rate this?

Very poor	Poor	Fair	Good	Very good	Excellent
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

7 Do you think that the consultation met your needs?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

8 Thinking about your consultation in the clinic today, how do you rate the following?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) Did you feel able to ask any questions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Were your questions answered fully?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Were you given enough information about your condition?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) Were you given enough information about your treatment?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) The amount of time your doctor spent with you today was satisfactory?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g) Were you treated with respect?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

9 After seeing the clinic today do you **feel?**

	Much more than before the visit	A little more than before the visit	The same or less than before the visit	Does not apply
a) able to **understand** your problem(s) or illness?	☐ 1	☐ 2	☐ 3	☐ 4
b) able to cope with your problem(s)	☐ 1	☐ 2	☐ 3	☐ 4
c) able to keep yourself healthy? or illness?	☐ 1	☐ 2	☐ 3	☐ 4

Finally, it will help us to understand your answers if you could tell us a little about yourself:

10 Are you: ☐ [1] Male ☐ [2] Female

11 How old are you? _____ Years Old

12 Which **ethnic group** do you belong to? (Please tick one box)

☐ [1] White
☐ [2] Black or Black British
☐ [3] Asian or Asian British
☐ [4] Mixed
☐ [5] Chinese
☐ [6] Other ethnic group

13 Do you have any **long-standing illness, disability? or infirmity**? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time. ☐ [1] Yes ☐ [2] No

14 Which of the following best describes you? (Please tick one box)

☐ [1] Employed (full or part time, including self-employed)
☐ [2] Unemployed and looking for work
☐ [3] At school or in full time education
☐ [4] Unable to work due to long term sickness
☐ [5] Looking after your home/family
☐ [6] Retired from paid work
☐ [7] Other (please describe)_____
_____

15 We are interested in any other comments you may have. Please write them here.

Please return completed forms to:
Brigstock Family Practice
83 Brigstock Road
Thornton Heath
Surrey, CR7 7JH

Patient ID | | | |

Thank you for taking time to complete this questionnaire.