

Improving Practice Questionnaire

0405A

| | |
|-----------------|-----------------|
| OFFICE USE ONLY | Org ID |
| | Survey ID |
| | Practitioner ID |

You can help this general practice improve its service

- This practice would welcome your honest feedback
- Please read and complete this survey after you have seen the
- No-one at the practice will be able to identify your personal responses
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice.

When giving your feedback, please only consider the consultation you have had today.

About the practice

| | | Poor | Fair | Good | Very good | Excellent |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Your level of satisfaction with the practice's opening hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Ease of contacting the practice on the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Satisfaction with the day and time arranged for your appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Chances of seeing a within 24/48 hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Chances of seeing a of <u>your</u> choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Opportunity of speaking to a on the telephone when necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Comfort level of waiting room (e.g. chairs, magazines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Length of time waiting in the practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About the (whom you have just seen)

| | | Poor | Fair | Good | Very good | Excellent |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9 | My overall satisfaction with this visit to the is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | The warmth of the 's greeting to me was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | On this visit I would rate the 's ability to really listen to me as | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | The 's explanations of things to me were | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | The extent to which I felt reassured by this was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | My confidence in this 's ability is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | The opportunity the gave me to express my concerns or fears was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | The respect shown to me by this was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | The amount of time given to me for this visit was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please turn over ↶

About the (continued....)

| | | Poor | Fair | Good | Very good | Excellent |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18 | This 's consideration of my personal situation in deciding a treatment or advising me was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | The 's concern for me as a person on this visit was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | The extent to which the helped me to take care of myself was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | The recommendation I would give to my friends about this would be | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About the staff

| | | Poor | Fair | Good | Very good | Excellent |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 22 | The manner in which you were treated by the reception staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Respect shown for your privacy and confidentiality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Information provided by the practice about its service (e.g. repeat prescriptions, test results, cost of private certificates etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Finally

| | | Poor | Fair | Good | Very good | Excellent |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25 | The opportunity for making compliments or complaints to this practice about its service and quality of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | The information provided by this practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | The availability and administration of reminder systems for ongoing health checks is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | The practice's respect of your right to seek a second opinion or complementary medicine was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any comments about how this **practice** could improve its service?

Any comments about how the could improve?

The following questions provide us only with general information about the range of people who have responded to this survey. No one at the practice will be able to identify your personal responses.

How old are you in years?

- Under 25
 25-59
 60+

Are you:

- Female
 Male

Was this visit with your usual clinician?

- Yes
 No

How many years have you been attending this practice?

- Less than 5 years
 5-10 years
 More than 10 years

Thank you for your time and assistance