

The Medical Centre

Practice Survey

Please take a few minutes to complete this survey after you have had your appointment today. We value your feedback and are always looking for ways to improve our service to our patients.

Q1 In the past 12 months, how many times have you seen a doctor from your practice?

Once	<input type="checkbox"/>
Once or twice	<input type="checkbox"/>
Three or four times	<input type="checkbox"/>
Five or six times	<input type="checkbox"/>
Seven or more times	<input type="checkbox"/>

Q2 How do you rate the way you are treated by receptionists at your practice?

Very poor	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Good	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Excellent	<input type="checkbox"/>

Q3 How long do you usually have to wait at the practice for your consultation to begin?
(Please tick one box only)

5 minutes or less	<input type="checkbox"/>
6-10 minutes	<input type="checkbox"/>
11-20 minutes	<input type="checkbox"/>
21-31 minutes	<input type="checkbox"/>
more than 30 minutes	<input type="checkbox"/>

A How do you rate this?

Very poor	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Good	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Excellent	<input type="checkbox"/>

Q4 Thinking about your consultation with the doctor today, how do you rate the following?

A How thoroughly did the doctor ask about your symptoms and how you are feeling?

Very poor	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Good	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Excellent	<input type="checkbox"/>
Does not apply	<input type="checkbox"/>

B How well did the doctor listen to what you had to say?

Very poor

Poor

Fair

Good

Very good

Excellent

Does not apply

C How well did the doctor put you at ease during the physical examination?

Very poor

Poor

Fair

Good

Very good

Excellent

Does not apply

D How much did the doctor involve you in decisions about your care?

Very poor

Poor

Fair

Good

Very good

Excellent

Does not apply

E How well did the doctor explain your problems or any treatment that you need?

Very poor

Poor

Fair

Good

Very good

Excellent

Does not apply

F The amount of time your doctor spent with you today?

Very poor

Poor

Fair

Good

Very good

Excellent

Does not apply

G The doctors patience with your questions or worries?

Very poor

Poor

Fair

Good
Very good
Excellent
Does not apply

H The doctor's caring and concern for you?
Very poor
Poor
Fair
Good
Very good
Excellent
Does not apply

Q5 After seeing the doctor today , how do you feel?

A Able to understand your problem(s) or illness?
Much more than before the visit
A little more than before the visit
The same or less than before the visit
Does not apply

B Able to cope with the problems(s) or illness?
Much more than before the visit
A little more than before the visit
The same or less than before the visit
Does not apply

C Able to keep yourself healthy?
Much more than before the visit
A little more than before the visit
The same or less than before the visit
Does not apply

Q6 When you have seen the practice nurse, how have you felt following the appointment?

A Satisfied with the consultation?
Yes
No

B Been able to express any concerns?
Yes
No

C Comfortable talking to the nurse?
Yes
No

Q7 Are you aware of the different types of appointments?

A On the day/ within 48 hour appointments?

Yes

No

B Booked appointments up to 4 weeks in advance?

Yes

No

C Urgent care appointments (on the day appointments)?

Yes

No

D Minor ailments appointments with the nurse?

Yes

No

Q8 Do you ring for your results of blood tests, x-rays and other investigation?

Yes

No

Q9 Are you aware its your responsibility to ring for your results?

Yes

No

Q10 Are you aware that the practice has a policy of reviewing the status of any patient on its list who does not attend a booked appointment on two occasions ?

Yes

No

Q11 If you have been unable to attend for a booked appointment, did you cancel the appointment so that someone else could use it?

Yes

No

Q12 We are interested in any other comments you may have. Please write them here

A Is there anything particularly good about your health care?

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B Is there anything that could be improved?

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C **Any other comments?**

Thank you for your feedback !