

# Improving Practice Questionnaire



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
- All the information provided by patients is put together in a report for the practice. Your answers will not be identifiable. Any comments you make will be included but all attempts will be made to remove information that could identify you.
- Once completed, please return this survey to reception in the envelope provided

Please mark the box like this  with a blue or black 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 doctor/nurse within 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Chances of seeing a doctor/nurse 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 doctor/nurse 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 doctor/nurse ( <i>whom you have just seen</i> )	Poor	Fair	Good	Very good	Excellent
9 My overall satisfaction with this visit to the doctor/nurse is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 The warmth of the doctor/nurse'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 doctor/nurse'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 doctor/nurse'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 doctor/nurse was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 My confidence in this doctor/nurse's ability is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 The opportunity the doctor/nurse 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 doctor/nurse 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 doctor/nurse (continued....)**

		Poor	Fair	Good	Very good	Excellent
18	This doctor/nurse'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 doctor/nurse'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 doctor/nurse 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 doctor/nurse 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 doctor/nurse 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? <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+	Are you: <input type="checkbox"/> Female <input type="checkbox"/> Male	Was this visit with your usual clinician? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many years have you been attending this practice? <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> More than 10 years
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**Thank you for your time and assistance**

