

Patient Questionnaire

Theale Medical Centre



GP/Nurse/Phlebotomist:

You can help this Practice improve its service

- The practice would welcome your honest feedback
- Please read and complete this survey **after** you have seen the GP/Nurse/Phlebotomist
- No-one at the practice will be able to identify your personal responses
- Once completed, please place this survey form in the 'ballot box' in Reception

Please mark the box like this with the pen provided. 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	Level of satisfaction with the practice's Opening Hours	<input type="checkbox"/>				
2	Ease of contacting the practice by telephone	<input type="checkbox"/>				
3	Ease of booking an appointment on-line	<input type="checkbox"/>				
4	Ease of ordering repeat prescriptions on-line	<input type="checkbox"/>				
5	Satisfaction with the day & time of your appointment	<input type="checkbox"/>				
6	Chances of seeing a GP/Nurse/Phlebotomist within 48 hrs	<input type="checkbox"/>				
7	Opportunity of speaking to a GP/Nurse/Phlebotomist on telephone when necessary	<input type="checkbox"/>				
8	Comfort level of waiting room (eg. Chairs, magazines)	<input type="checkbox"/>				
9	Length of time waiting in the practice to see the GP/Nurse/Phlebotomist	<input type="checkbox"/>				
10	Satisfaction with the service provided by the Dispensary	<input type="checkbox"/>				
11	Information provided by the practice about its services (e.g. repeat prescriptions, test results, cost of private certificates, etc.)	<input type="checkbox"/>				
12	The information provided by the practice about how to prevent illness & stay healthy (e.g. alcohol use, smoking risks, diet, etc.)	<input type="checkbox"/>				
13	The availability and administration of reminder systems for appointments	<input type="checkbox"/>				
14	The opportunity for making compliments or complaints	<input type="checkbox"/>				
15	My overall satisfaction with Theale Medical Centre	<input type="checkbox"/>				

About the GP/Nurse/Phlebotomist		Poor	Fair	Good	Very good	Excellent
16	My overall satisfaction with this visit to the GP/Nurse/Phlebotomist	<input type="checkbox"/>				
17	On this visit the GP/Nurse/Phlebotomist's ability to really listen to me	<input type="checkbox"/>				
18	The GP/Nurse/Phlebotomist's explanation of things to me	<input type="checkbox"/>				

Please turn over

About the GP/Nurse/Phlebotomist (continued)		Poor	Fair	Good	Very good	Excellent
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19	The amount of time given to me for this visit	<input type="checkbox"/>				
20	This GP/Nurse/Phlebotomist's consideration of my personal situation in deciding a treatment or advising me	<input type="checkbox"/>				
21	The recommendation I would give to my friends about this GP/Nurse/Phlebotomist	<input type="checkbox"/>				

About the Staff		Poor	Fair	Good	Very good	Excellent
22	The manner in which you are treated by the reception staff	<input type="checkbox"/>				
23	Respect shown for your privacy & confidentiality	<input type="checkbox"/>				

Do you know that you can ask a Nurse or Doctor a question on-line via the Practice's website (normally answered within 2 working days)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If 'Yes', have you used this service?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If 'Yes', (1) did you find it useful / helpful?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
(2) did it save you having to make an appointment?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

How do you prefer to book your appointments?	Face to face	<input type="checkbox"/>
	By phone	<input type="checkbox"/>
	On-line	<input type="checkbox"/>

How could the Practice improve its service to you?
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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?	Under 25	<input type="checkbox"/>	25 - 59	<input type="checkbox"/>	60+	<input type="checkbox"/>
What is your gender?	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
Was this visit with your usual GP/Nurse/Phlebotomist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
How many years have you been attending this Practice?	Less than 5	<input type="checkbox"/>	5 - 10	<input type="checkbox"/>	Over 10	<input type="checkbox"/>

Thank you for your time and assistance