

# IMPROVING PRACTICE QUESTIONNAIRE

DOCTOR'S NAME:

*YOU CAN HELP THIS GENERAL PRACTICE IMPROVE ITS SERVICE*

- . The practice and the doctors at this surgery would welcome your honest feedback.
- . Please do not write your name on this survey.
- . Please read and complete this survey after you have seen the doctor.

PLEASE RATE EACH OF THE FOLLOWING AREAS BY CIRCLING ONE NUMBER ON EACH LINE.

	Poor	Fair	Good	Very Good	Excellent
<b>ABOUT THE PRACTICE</b>					
1. Your level of satisfaction with the practice's opening hours	1	2	3	4	5
2. Ease of contacting the practice on the telephone	1	2	3	4	5
3. Satisfaction with the day and time arranged for your appointment	1	2	3	4	5
4. Chances of seeing a doctor within 48 hours	1	2	3	4	5
5. Opportunity of speaking to a doctor on the telephone when necessary	1	2	3	4	5
6. Comfort level of waiting room (eg. chairs, magazines)	1	2	3	4	5
7. Respect shown for your privacy and confidentiality	1	2	3	4	5
8. Length of time waiting in the practice to see the doctor	1	2	3	4	5
<b>ABOUT THE DOCTOR</b> ( <i>whom you just saw</i> )					
9. My overall satisfaction with this visit to the doctor is ....	1	2	3	4	5
10. The warmth of the doctor's greeting to me was ....	1	2	3	4	5
11. On this visit I would rate the doctor's ability to really listen to me as ....	1	2	3	4	5
12. The doctor's explanations of things to me were ....	1	2	3	4	5
13. The extent to which I felt reassured by this doctor was ....	1	2	3	4	5
14. My confidence in this doctor's ability is ....	1	2	3	4	5
15. The opportunity the doctor gave me to express my concerns or fears was ....	1	2	3	4	5
16. The respect shown to me by this doctor was ....	1	2	3	4	5

PLEASE TURN OVER

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**ABOUT THE DOCTOR (Continued....)**

	Poor	Fair	Good	Very Good	Excellent
17. The amount of time given to me for this visit was ....	1	2	3	4	5
18. This doctor's consideration of my personal situation in deciding a treatment or advising me was ....	1	2	3	4	5
19. The doctor's concern for me as a person in this visit was ....	1	2	3	4	5
20. The recommendation I would give to my friends about this doctor would be ....	1	2	3	4	5

**ABOUT THE STAFF**

21. The manner in which you are treated by the reception staff	1	2	3	4	5
22. Information provided by the practice about its services (eg. repeat prescriptions, test results, cost of private certificates)	1	2	3	4	5
23. The opportunity for making compliments or complaints to this practice about its service and quality of care	1	2	3	4	5

**FINALLY**

24. The information provided by this practice about how to prevent illness and stay healthy (eg. alcohol use, health risks of smoking, diet habits, etc) was ....	1	2	3	4	5
25. The availability and administration of reminder systems for ongoing health checks is ....	1	2	3	4	5
26. The practice's respect of your right to seek a second opinion was..	1	2	3	4	5
27. My overall satisfaction with this general practice	1	2	3	4	5

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Any comments about how this practice could improve their service? \_\_\_\_\_

Any comments about how the doctor could improve? \_\_\_\_\_

The following questions provide us only with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

How old are you, in years? \_\_\_\_\_ What is your postcode? \_\_\_\_\_

Are you  Female  
 Male

Was this visit with your usual GP?  Yes  
 No

How many years have you been attending this Practice?  Less than five years  
 Five to ten years  
 More than ten years

**THANK YOU FOR YOUR TIME AND ASSISTANCE**