**Greet Medical Practice**

**Dr M D Agarwal, Dr Jessica Agarwal**

Dear Patient

We would be grateful if you would complete this survey about your general practice and your visit today.

The doctors at your practice want to provide the highest standard of care. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and your doctor will NOT be able to identify your individual responses.

Thank you.

1 In the past 12 months, how many times have you seen a doctor/nurse or Health Care Assistant?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | 1 or 2 times | 3 or 4 times | 5 or 6 times | More than this? |
|  |  |  |  |  |

Because part of the survey is about the doctor/nurse you saw today, please write the doctor’s name below: (if you haven’t seen a Dr today please base your answers on the last time you saw a doctor/nurse)

The Doctor/Nurse I saw today was : Dr / Nurse

2 How do you rate the way you were treated by receptionists?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent |
|  |  |  |  |  |  |

3 How do you rate the hours of opening?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent |
|  |  |  |  |  |  |

4 How would you rate how clean your surgery is? (Please tick one box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent |
|  |  |  |  |  |  |

5 Thinking of times when you want to see a particular doctor: (please tick one box only)

1. How quickly do you usually get to see that doctor?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Same Day | Next Working Day | Within 2 Working Days | Within 3 Working Days | Within a Week | Within 2 Weeks | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How do you rate this?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

6 Thinking of times when you were willing to see any doctor: (please tick one box only)

1. How quickly do you usually get seen?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Same Day | Next Working Day | Within 2 Working Days | Within 3 Working Days | Within a Week | Within 2 Weeks | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How do you rate this?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

7 Thinking of times you have phoned the practice, how do you rate the following?

1. Ability to get through to the practice on the phone?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Never Tried |
|  |  |  |  |  |  |  |

1. Ability to speak to a doctor on the phone when you have a question or need medical advice?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Never Tried |
|  |  |  |  |  |  |  |

8 If you need to see a GP urgently, can you normally get seen on the same day?

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t know / Never needed |
|  |  |  |

9 a) How long do you usually have to wait at the practice for our consultations to begin? (Please tick one box only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 mins or less | 6 – 10 mins | 11 – 20 mins | 21 – 30 mins | Over 30 mins |
|  |  |  |  |  |

b) How do you rate this?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent |
|  |  |  |  |  |  |

10 Thinking about your consultation with the doctor/nurse today, how do you rate the following?

1. How thoroughly the doctor asked about the symptoms and how you are feeling?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How well the doctor listened to what you had to say?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How well the doctor put you at ease during your physical examination?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How much the doctor involved you in decisions about your care?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. How well the doctor explained your problems or any treatment that you need?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. The amount of time your doctor spent with you today?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. The doctor’s patient with your questions or worries?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

1. The doctor’s caring and concern for you?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent | Doesn’t Apply |
|  |  |  |  |  |  |  |

11 This question asks about your usual doctor. If you don’t have a ‘usual doctor’, answer about the one doctor at your practice that you know best. If you don’t know any of the doctors go straight to question 13.

1. In general, how often do you see your usual doctor?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Always | Almost Always | Some of the time | Almost Never | Never |
|  |  |  |  |  |

1. How do you rate this?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very Poor | Poor | Fair | Good | Very Good | Excellent |
|  |  |  |  |  |  |

12 After seeing the doctor/nurse today how do you feel.

1. Able to understand your problem(s) or illness?

|  |  |  |  |
| --- | --- | --- | --- |
| Much More | A Little More | The Same | Doesn’t Apply |
|  |  |  |  |

1. Able to cope with your illness/problem(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Much More | A Little More | The Same | Doesn’t Apply |
|  |  |  |  |

1. Able to keep yourself healthy

|  |  |  |  |
| --- | --- | --- | --- |
| Much More | A Little More | The Same | Doesn’t Apply |
|  |  |  |  |

13 Do you have any long-standing illness, disability or infirmity?
By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period time.

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t Know |
|  |  |  |

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

|  |
| --- |
|  |

Finally it would help us to understand your answers if you could tell us a little about yourself:

14 Which ethnic group do you belong to? (Please tick one box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | Mixed |
|  | Black or Black British |  | Chinese |
|  | Asian or Asian British |  | Other ethnic group |

15 Are you:

|  |  |
| --- | --- |
| Male | Female |

16 How old are you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 16 | 16 – 25 years old | 26 – 39 years old | 40 – 64 years old | 65 + |
|  |  |  |  |  |

Thank you for taking time to complete this questionnaire.