

2 MINUTE PATIENT SURVEY

Thank you for taking time to complete our survey.




Please place your responses in the box provided.



Your feedback is always greatly appreciated.
We use your experiences and comments to
continually improve our services.

We would like to know what is important to you. This survey is completely anonymous so please be as honest as you can.

1. We would like you to think about your recent experience of our service. How likely are you to recommend our Practice to Friends and Family if they needed similar care or treatment?

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					?

2. Do you wish to add any additional comments?

3. How would you rate us overall as a Practice? Please circle the face which represents your opinion best.



Very Satisfied



Satisfied



Neutral



Dissatisfied



Very Dissatisfied

When seeing your Nurse or GP, do we live up to your expectations?

Please rate the following out of 5 (1 = poor, 5 = excellent).

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How do you find getting through to the surgery on the telephone? | 1 | 2 | 3 | 4 | 5 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How do you feel your call was handled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What do you think of our appointment system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your waiting time before being seen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The manner of the Doctor or Nurse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The manner of the other surgery staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The length of your appointment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The explanations given to you in surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confidentiality and discretion of the staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgery comfort and facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness of the surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A little about you:

How old are you?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Under 18 | 19-29 | 30-39 | 40-49 | 50-59 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60-69 | 70-79 | 80-89 | 90-99 | 100+ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

