

Patient Survey

Please help us to improve our services by filling in this survey. The practice will do this survey every year and reflect on it. The survey's data interpretation is anonymous, but you may choose to state your name if you wish. Please print out this survey, fill it in and bring it to the practice so that we may verify that you are a registered patient.

Optional - Name:

Date of Birth:

Please circle or fill in all the boxes

Which Doctor did you see/ do you normally see?

Dr Mohan Dr Selwyn Dr Jetty Dr Kapma Dr Matthews

Dr Jackson Dr Barrett

How Many times in the last 12 months have you visited the surgery?

1/2 3/4 5/6 7/more

How were you treated by the receptionist?

Very Poor Poor Fair Good Very Good Excellent

How do you rate the hours the practice is open for appointments?

Very Poor Poor Fair Good Very Good Excellent

What additional hours would you like the practice to be open?

Early Mornings Lunchtime Evenings Weekends No Change

How quickly do you get to see a doctor?

Same Day 1 Working Day Within 2 Days 3 Days 4 days

5 days Don't Know/Does not apply

How do you rate this?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

If you need to see a GP urgently how quickly can you be seen?

Same Day 1 Working Day Within 2 Days 3 Days 4 days

5 days Don't Know/Does not apply

How do you rate this?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

Can you be seen in an emergency on the same day?

Yes No Never Asked

How long did you wait to see the doctor?

5 minutes 6/10 11/20 21/30 30/more

How do you rate this?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How do you rate the ability to get through on the phone?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How easy is it to speak to a doctor/nurse?

Very Poor Poor Fair Good Very Good Excellent

How often do you see your usual doctor?

Always Almost Always A lot Sometimes

Almost Never Never

How do you rate this?

Very Poor Poor Fair Good Very Good Excellent

Thinking of your consultation, how do you rate the following?

How thoroughly were you asked about your symptoms?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How well were you listened to?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How well were you put at ease?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How involved did you feel in the decisions made?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How well did the doctor explain the problem/the treatment you needed?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

Were you satisfied with the amount of time spend on you?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How patient was the doctor with your worries/questions?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How did you rate the doctors care and concern for you?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

After your visit, are you

Better able to understand your problem/illness

Much More Little Better No Change

Don't Know/Does not apply

Better able to cope with your problem/illness

Much More Little Better No Change

Don't Know/Does not apply

Better able to keep yourself healthy

Much More Little Better No Change

Don't Know/Does not apply

How satisfied are you overall with the practice?

Completely Satisfied **Very Satisfied** **Fairly Satisfied**

Neutral **Fairly Dissatisfied**

Very Dissatisfied **Completely Dissatisfied**

About you

Are You *Male/Female* *Aged*

Do you suffer from a longstanding illness/disability?

Yes **No**

Ethnic group

White **Black African/Caribbean** **Chinese**

Asian/Asian British **Other**

Housing: Are you/do you

Owner-occupier **Live in Rented Accommodation**

Are You

Employed **Self employed** **Unemployed looking for work**

Student **Unable to work due to long term sickness**

Looking after family **Retired**

Are You a

Green Lane Patient **Harnall Lane Patient**

Are you aware of our website www.skybluemedicalgroup.co.uk?

Yes **No**

If yes, how do you rate our website?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

How do you rate the telephone triage system?

Very Poor Poor Fair Good Very Good Excellent

Don't Know/Does not apply

Please feel free to put any comments here about the service that we have provided for you, whether good or bad.

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Thank you for filling in this survey!