

Long Lane Surgery – Patient Questionnaire

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

The Doctors and Nurses 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 or Nurse will NOT be able to identify your individual responses.

Did you see? Doctor Nurse

1 Thinking about **your consultation with the clinician today**, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a) How thoroughly the Clinician asked about your symptoms and how you are feeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How well the Clinician listened to what you had to say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) How well the Clinician put you at ease during your examination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) How much the Clinician involved you in decisions about your care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) How well the Clinician explained your problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f) Did the Clinician deal with your problem in the time given?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g) The Clinicians caring and concern for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h) Did the Clinician help to reassure you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
i) How would you rate the attitude of your clinician today?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

2 After seeing the clinician today did they help you to:

- | | Much more than before the visit | A little more than before the visit | The same or less than before the visit | Does not apply |
|---|---------------------------------|-------------------------------------|--|----------------------------|
| a) Understand your problem or illness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) Cope better with your problem or illness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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- | | Very poor | Poor | Fair | Good | Very good | Excellent |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) How would you rate your overall consultation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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- a) How long do you usually have to **wait** at the practice for your consultations to begin? (please tick one box only)
- | | 5 minutes or less | 6-10 minutes | 11-20 minutes | 21-30 minutes | More than 30 minutes |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
- b) How do you rate this?
- | | Very poor | Poor | Fair | Good | Very good | Excellent |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
- c) If you had to wait did the Clinician acknowledge this: Yes No

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Are you: 1 Male 2 Female

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How old are you? _____ years

7 Which ethnic group do you belong to? (please tick one box)

- | | |
|---|---|
| <input type="checkbox"/> 1 White | <input type="checkbox"/> 4 Mixed |
| <input type="checkbox"/> 2 Black or Black British | <input type="checkbox"/> 5 Chinese |
| <input type="checkbox"/> 3 Asian or Asian British | <input type="checkbox"/> 6 Other ethnic group |

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Which of the following best describes you? (please tick one box)

- | | |
|--|---|
| <input type="checkbox"/> 1 Employed (full or part time, including self-employed) | <input type="checkbox"/> 5 Looking after your home/family |
| <input type="checkbox"/> 2 Unemployed and looking for work | <input type="checkbox"/> 6 Retired from paid work |
| <input type="checkbox"/> 3 At school or in full time education | <input type="checkbox"/> 7 Other (please describe) _____ |
| <input type="checkbox"/> 4 Unable to work due to long term sickness | _____ |

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