You can help the Practice to improve its service by completing this questionnaire 

* The Doctors and staff welcome your feedback
* Please do not write your name on this survey

**PLEASE RATE EACH OF THE FOLLOWING QUESTIONS BY TICKING 🗹 ONCE ON EACH LINE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | N/A | Poor | Fair | Good | Very Good | Excellent |
| **Access to a Doctor or Nurse** |  |  |  |  |  |  |
| 1 - Length of time you had to wait to make an appointment |  | 1 | 2 | 3 | 4 | 5 |
| 2 - Convenience of day and time of your appointment |  | 1 | 2 | 3 | 4 | 5 |
| 3 - Seeing the Doctor of your choice |  | 1 | 2 | 3 | 4 | 5 |
| 4 - Length of time waiting to see the Doctor or Nurse after your appointment time |  | 1 | 2 | 3 | 4 | 5 |
| 5 - Opportunity of speaking to a Doctor or Nurse on the telephone when necessary |  | 1 | 2 | 3 | 4 | 5 |
| 6 - How well do you understand the information given by the doctor/nurse about your condition |  | 1 | 2 | 3 | 4 | 5 |
| **Obtaining a repeat prescription** |  |  |  |  |  |  |
| 7 - Prescription ready on time (within 48 hours) |  | 1 | 2 | 3 | 4 | 5 |
| 8 - Prescription correctly issued |  | 1 | 2 | 3 | 4 | 5 |
| 9 - Handling of any queries |  | 1 | 2 | 3 | 4 | 5 |
| **Obtaining test results** |  |  |  |  |  |  |
| 10 - Were you told when to contact us for your results? |  | 1 | 2 | 3 | 4 | 5 |
| 11 - Results available when you contacted us |  | 1 | 2 | 3 | 4 | 5 |
| 12 - Level of satisfaction with the amount of information provided |  | 1 | 2 | 3 | 4 | 5 |
| 13 - Level of satisfaction with the manner in which the result was given |  | 1 | 2 | 3 | 4 | 5 |

**Questions continued overleaf – please turn over**⮱

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **About the staff** | N/A | Poor | Fair | Good | Very Good | Excellent |
| 14 - The information provided by the Reception staff |  | 1 | 2 | 3 | 4 | 5 |
| 15 - The helpfulness of the Reception staff |  | 1 | 2 | 3 | 4 | 5 |
| 16 - The information provided by other staff |  | 1 | 2 | 3 | 4 | 5 |
| 17 - The helpfulness of other staff |  | 1 | 2 | 3 | 4 | 5 |
| **General questions about the Practice** |  |  |  |  |  |  |
| 18 - Do you find the information provided in the reception area useful |  | 1 | 2 | 3 | 4 | 5 |
| 19 - Are you able to find the information you need on the Practice Website |  | 1 | 2 | 3 | 4 | 5 |

**Any further comments:**

|  |
| --- |
|  |
|  |
|  |
|  |

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

|  |  |
| --- | --- |
| A - How old are you? |  |
| B - Are you male or female? |  |
| C - How many years have you been attending this Practice? |  |

*Thank you very much for your time and assistance*

*Please place your completed questionnaire in the box on the Reception desk*