

PALLION FAMILY PRACTICE

To All Patients:

The Practice would like your views about the surgery to help us deliver high quality services. We would appreciate you taking the time to complete this questionnaire.

If you need assistance completing this form please ask a member of the reception staff.

Were you see by	A Doctor <input type="checkbox"/>	Nurse Practitioner <input type="checkbox"/>	Nurse <input type="checkbox"/>
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Q. 1	In the reception area, can other patients overhear what you say to the receptionists?	
	Yes, but I don't mind	
	Yes, and I am not happy about it	
	No, other patients can't overhear	
	Don't know	

Q. 2	How helpful do you find the receptionists at your GP surgery?	
	Very helpful	
	Fairly helpful	
	Not very helpful	
	Unhelpful	

Q. 2a	Are you aware we have a private room next to reception if required?	
	Yes	No

Q. 3	In the past 6 months, how easy have you found getting through on the phone	
	Haven't tried	
	Easy	
	Average	
	Difficult	

Q. 4	How long do you usually have to wait at the practice for your consultation to begin?	
	5 minutes or less	
	6-10 minutes	
	11-20 minutes	
	Over 20 minutes	

Q. 5	How do you rate this?	
	Poor	
	Fair	
	Good	
	Excellent	

Q. 6 Thinking about your consultation today, how do you rate the following....?				
	Poor	Fair	Good	Excellent
How thoroughly the doctor/nurse asked about your symptoms and how you are feeling?				
How well the doctor/nurse listened to what you had to say?				
How well the doctor/nurse put you at ease during your physical examination?				
How much the doctor/nurse involved you in decisions about your care?				
How well the doctor/nurse explained your problems and treatment that you need?				
The amount of time your doctor/nurse spent with you today?				
The doctor/nurses patience with your questions and worries?				
The doctor/nurse care and concern for you?				

Q. 7	When did you last see a doctor at your GP Surgery?	
	In the past 3 months	
	Between 3 and 6 months ago	
	More than 6 months ago	
	Never	

Q. 8	Are you aware the practice offered on-line booking for appointments?	
	Yes	
	No	

Q. 9	If the surgery offered the facility to order repeat prescriptions on-line, would you find this useful?	
	Yes	
	No	
	Don't Know	

Q. 10	All things considered, how do you rate your practice?	
	Poor	
	Fair	
	Good	
	Excellent	

If you have any other comments or suggestion please let us know.....

<i>Comments...</i>

If you would be interested in joining our Patient Participation Group, please give your name at reception.

Finally, it will help us to understand your answers if you could tell us a little about yourself.

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you? Male Female

Age: Group	Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Asian
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

Thank you.

Please return the form to reception when you have completed it.