The Doctor / Clinician I saw today was ...............................................................................................................

Please use the following scoring method:

1. **Very poor / 2- Poor / 3- Fair / 4- Good / 5- Very Good / 6- Excellent.**

**(Please circle your answers) If it does not apply please add n/a.**

|  |  |
| --- | --- |
| How do you rate the way you are treated by the receptionists?  | 1 2 3 4 5 6  |
| How do you are the practice opening hours for appointments?  | 1 2 3 4 5 6 |
| Any comments / suggestions regarding opening hours?  |  |
| How do you rate our appointment system?  | 1 2 3 4 5 6 |
| How quickly to you get to see the clinician of your choice? Please comment.  |  |
| If you need a Doctor urgently, can you normally be seen on the same day?  |  YES / NO / NA |
| How do you rate the ability the ability to get through on the practice phone?  | 1 2 3 4 5 6  |
| How do you rate the ability to speak to a Doctor on the telephone for medical advice? | 1 2 3 4 5 6 |

**Thinking about your consultation today how do you rate the following:**

|  |  |
| --- | --- |
| How thoroughly the Doctor / clinician asked about your symptoms and how you are feeling?  | 1 2 3 4 5 6 |
| How well the Doctor/clinician listened to what you have to say? | 1 2 3 4 5 6 |
| How well the Doctor / clinician put you at ease during your physical examination / test?  | 1 2 3 4 5 6 |
| How well the Doctor/ clinician involved you in decisions about your care?  | 1 2 3 4 5 6 |
| How well the Doctor / clinician explained your problems / treatment you may require?  | 1 2 3 4 5 6  |
| How do you rate the Doctors / Clinicians care and concern for you?  |  |

**Please answer the questions about yourself to help us understand your answers**

|  |  |
| --- | --- |
| **Gender**  | **MALE / FEMALE**  |
| **AGE**  |  |
| **Do you have a long standing illness / disability?**  | **YES / NO**  |
| **Ethnic Group**  |  |
| **Which best describes you?** | **Employed / unemployed / school or full time education / retired / unable to work due to sickness**  |
| **Is there anything good about your healthcare?**  |  |
| **Is there anything that could be improved?** |  |
| **Any other comments**  |  |