

**Patient Satisfaction Questionnaire**

Thank you for being a member of our Patient Participation Group we would be grateful if you could complete the questions below to allow us to try and improve our services . Once we have collated the information you have provided us we will feed back to you and provide an action plan which you can comment on and suggest ideas on how we can improve the way we provide your care .

**APPOINTMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question**  | **Excellent**  | **Very Good**  | **Good** | **Fair** | **Poor**  | **Does not apply** |
| Ease of making appointment by phone  |  |  |  |  |  |  |
| Appointment available within reasonable time |  |  |  |  |  |  |
| Efficiency of check-in process  |  |  |  |  |  |  |
| Waiting time to be seen by clinician  |  |  |  |  |  |  |
| Getting afterhours care if needed  |  |  |  |  |  |  |

**OUR STAFF**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question**  | **Excellent**  | **Very Good**  | **Good** | **Fair** | **Poor**  | **Does not apply** |
| The Courtesy of the person you spoke to  |  |  |  |  |  |  |
| The friendliness of the receptionist  |  |  |  |  |  |  |
| Care and concern of all staff including medical  |  |  |  |  |  |  |
| The professionalism of the staff  |  |  |  |  |  |  |

**YOUR APPOINTMENT EXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question**  | **Excellent**  | **Very Good**  | **Good** | **Fair** | **Poor**  | **Does not apply** |
| Willingness to listen carefully to you  |  |  |  |  |  |  |
| Amount of time spent with you  |  |  |  |  |  |  |
| Instructions regarding medication / follow up of care  |  |  |  |  |  |  |
| Advice given to you regarding staying healthy  |  |  |  |  |  |  |

**Would you recommend this practice to others** YES / NO

**Comments / Suggestions :**

Thank you very much for completing this survey if there is any way we can improve our services to you please let us know.