

Improving the Practice - Questionnaire

INTRODUCTION

This questionnaire is designed for issue to patients to assess the service provided.

Questionnaire

You can help the Practice to improve its service.

The Doctors and staff welcome your feedback

- Please do not write your name on this survey
- Please complete the survey and hand in to reception

PLEASE RATE EACH OF THE FOLLOWING AREAS BY CIRCLING THE RELEVANT BOX:

	n/a 1	Poor 2	Fair 3	Good 4	Very Good 5
Access to a Doctor or Nurse					
1. Speed at which the telephone was answered initially	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 check in with Reception	1	2	3	4	5
5. Length of time waiting	1	2	3	4	5

PLEASE TURN OVER

Improving the Practice - Questionnaire

6. to see the Doctor or nurse						
7. Opportunity of speaking to a Doctor or Nurse on the telephone when necessary	1	2	3	4	5	
Obtaining a repeat prescription		n/a	Poor	Fair	Good	Very Good
8. Prescription ready on time	1	2	3	4	5	
9. Prescription correctly issued	1	2	3	4	5	
10. Handling of any queries	1	2	3	4	5	
Obtaining test results		n/a	Poor	Fair	Good	Very Good
11. Were you told when to contact us for your results?	1	2	3	4	5	
12. Results available when you contacted us?	1	2	3	4	5	
	n/a	Poor	Fair	Good	Very Good	
13. Level of	1	2	3	4	5	

PLEASE TURN OVER

Improving the Practice - Questionnaire

satisfaction with the amount of information provided ?					
About the staff					
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. Do you have access to the Internet at home	Yes	No			
17. Would you consider using the internet to book appointments?	Yes	No			
And Finally					
18. My overall satisfaction with this Practice	Poor	Fair	Good	Very Good	
	1	2	3	4	

Any further comments:

.....

.....

.....

PLEASE TURN OVER

Improving the Practice - Questionnaire

.....

.....

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.

How old are you?	
Are you male or female?	
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

***Dr Hirst & Dr Choudry
Darwen Health Centre
James Street West
Darwen BB3 1PY***

PLEASE TURN OVER