

Patient Satisfaction Survey

We always aim to provide services that result in a good patient experience. We would be grateful if you could kindly fill in this survey regarding your visit to the practice today and treatment you received. The information received will be used to inform future service developments and to maintain a high level of patient satisfaction in the future.

1. Where did you receive your treatment? _____

Which GP practice are you registered with? _____

2. Which service did you receive today?

- Ear irrigation
- Treatment room
- H pylori Breath Test
- ECG
- Phlebotomy

3. How would you rate the service you received?

	Very satisfactory	Satisfactory	Neither satisfactory or dissatisfactory	Dissatisfactory	Very dissatisfactory
Ability to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information received before appointment (e.g. criteria to receive treatment, what the treatment involves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information received after appointment (e.g. how results will be fed back, aftercare)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility (taking into consideration any potential barriers such as language and for people with hearing, visual and physical impairments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dignity and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Which of words or phrases below describe how you felt about your visit: (tick all that apply)

The attitude of staff:

- | | | |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Rude | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> Welcoming | <input type="checkbox"/> Understanding | <input type="checkbox"/> Dismissive |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Good | <input type="checkbox"/> Considerate |

The environment:

- | | | | |
|--------------------------------------|--------------------------------|--|------------------------------------|
| <input type="checkbox"/> Hot | <input type="checkbox"/> Safe | <input type="checkbox"/> Well signposted | <input type="checkbox"/> Cluttered |
| <input type="checkbox"/> Comfortable | <input type="checkbox"/> Cold | <input type="checkbox"/> Calm | <input type="checkbox"/> Tidy |
| <input type="checkbox"/> Warm | <input type="checkbox"/> Clean | <input type="checkbox"/> Chaotic | <input type="checkbox"/> Untidy |

The appointment itself:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <i>Timely / quick</i> | <input type="checkbox"/> <i>Efficient</i> | <input type="checkbox"/> <i>Informative</i> | <input type="checkbox"/> <i>Would Recommend</i> |
| <input type="checkbox"/> <i>Prompt</i> | <input type="checkbox"/> <i>Slow</i> | <input type="checkbox"/> <i>Accessible</i> | |

Your feelings:

- | | | |
|---|--|---|
| <input type="checkbox"/> <i>Listened to</i> | <input type="checkbox"/> <i>Informed</i> | <input type="checkbox"/> <i>Reassured</i> |
| <input type="checkbox"/> <i>Supported</i> | <input type="checkbox"/> <i>Scared</i> | <input type="checkbox"/> <i>Anxious</i> |
| <input type="checkbox"/> <i>Happy</i> | <input type="checkbox"/> <i>Unsure</i> | <input type="checkbox"/> <i>Confident</i> |

5. Do you have any other comments about the service you received?

6. How do you think this service could be improved?

Thank You