

Patient experience questionnaire

About your experience

We would very much appreciate it if you could spend a few minutes, after your appointment today, filling in this questionnaire. We want to know what you think of the service we have provided so that we can make sure we are providing the best service possible.

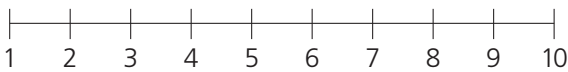
Please return the questionnaire to reception after you have completed it.

The service you received today

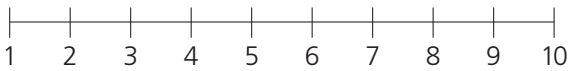
1. How would you rate your overall experience of using this service today?

- Excellent Very good
 Good Satisfactory Poor

2. How likely would you be to recommend this service to a friend or family member? Please rate on a scale of 1 to 10, with 1 being extremely unlikely and 10 being extremely likely?



3. How much confidence and trust do you have in the health care professional that treated you today? Please rate on a scale of 1 to 10 with 1 being no confidence at all and 10 being complete confidence.



4. How could we improve our service?

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5. Did any of our staff make your experience particularly good today, if so please let us know?

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Waiting times

6. Do you feel you had to wait too long after registering at reception to be seen by a health care professional?

- No, I was seen more or less straight away
 No, I felt the wait was acceptable
 Yes, I had to wait longer than was acceptable
 I can't remember

How did you find the service today?

7. At your appointment/consultation did you feel that the health care professional listened carefully to what you had to say?

- Yes, definitely Yes, to some extent
 No Don't know/can't remember

8. Were you given enough time to discuss your health or needs with your health care professional?

- Yes, definitely Yes, to some extent
 No I didn't need to discuss anything

9. Did the health care professional who you saw explain the reasons for any treatment or action in a way that you could understand?

- Yes, definitely Yes, to some extent
 No I did not need an explanation
 No treatment or action was needed

10. If you had questions to ask the health care professional who saw you today, did you get answers that you could understand

- Yes, definitely Yes, to some extent
 No I did not need to ask any questions
 I did not have an opportunity to ask questions

11. Were you confident of your health care professional's attention to hygiene? (e.g. hand-washing; use of alcohol gel)

- Yes No Not sure

12. Did your health care professional treat you with respect and dignity?

- Yes, all the time Yes, some of the time
 No Don't know/can't remember

Clean, comfortable, friendly place to be

13. How would you rate the friendliness and politeness of the receptionist?

- Excellent Good
 Satisfactory Poor

14. How would you rate the cleanliness of the health centre?

- Excellent Good
 Satisfactory Poor

15. How would you rate the comfort level of the waiting area (e.g. temperature, seating etc)?

- Good Satisfactory
 Poor Not applicable

Patient experience questionnaire

About you

16. If you needed any interpreting support was this provided / offered for you?

- Yes
- No
- Yes, by a personal friend or relative
- Not applicable

17. How did you find out about the service?

- Referred by my GP
- Recommended by a friend or relative
- From NHS Choices website
- Service website or link from another website
- Local promotion or event
- Mail drop
- Radio advertising
- Press advertising
- Outdoor advertising
- Other (please specify).....

18. Are you male or female?

- Male
- Female

19. In what year were you born?

If you want us to contact you please leave your contact details

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20. To which of these ethnic groups do you feel you belong? (Please tick the box which applies to you)

Arab or Arab British

- Middle Eastern
- North African
- Any other Arab background

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

Black or Black British

- African
- Caribbean
- Any other Black background

Mixed

- White or Asian
- White and Black African
- White and Black Caribbean
- Any other mixed background

White or White British

- British
- Irish
- Eastern European
- Any other White Background

Other

- Chinese
- Any other ethnic group
- I do not wish to disclose my ethnic origin

21. Do you have physical or mental condition that has lasted at least 12 months?

- Yes
- No

22. If you answered yes to the above question, do you consider yourself as disabled?

- Yes
- No

THANK YOU