

## PATIENT SATISFACTION SURVEY

I am completing a survey of satisfaction and would like to ask you a few questions about your consultation today. This is completely confidential - your comments will be anonymous but may help me to improve my service in the future.

Did I greet you at the start of the consultation?

YES/NO

Did you have an appointment?

YES/NO

If you had to wait, please comment on whether the waiting was

just about right/too long

Please circle the feeling that most appropriately reflects your feelings.

1. How did you feel during your consultation?

Rushed and hurried,  
very uncomfortable.

1 2 3 4 5 6

At ease, not rushed, all my  
needs were respected.

2. How did you feel that I was attending to your problem?

Ignored what I was trying to  
say, kept interrupting to ask  
questions.

1 2 3 4 5 6

Allowed me to say what I wanted.  
Helped me to explain more fully.

3. What do you think about the information given to you by me?

Did not explain things well.

1 2 3 4 5 6

Explained everything fully.

4. How did you feel about asking questions if anything was not clear?

No chance to ask anything,  
not encouraged.

1 2 3 4 5 6

Plenty of opportunity to ask and  
would have felt happy to ask.

5. How would you feel if you were asked to see me again?

Prefer to see someone else

1 2 3 4 5 6

Would ask to see you.

6. Overall how do you feel?

Very unhappy with this Locum

1 2 3 4 5 6

Quite content with this Locum.

Do you have any other comments?

Thank you for your help.  
Steve Reay- Locum GP

## A PERSONAL REQUEST FOR YOUR HELP FROM DR

I always hope, when I see patients, that when they leave they will feel that their concerns have been taken seriously and that our meeting has been helpful. When I only see people once or twice it is difficult to be sure of this; so will you please help by sparing a few minutes before you go answering the questions below and leaving this paper with a receptionist? Thank you very much.

Please *ring* those answers that you feel are relevant

Would you have liked more time with me?	Yes	No
Did you feel hurried?	Yes	No
Was there anything you would have liked to talk about in more depth?	Yes	No
Was there anything else you wanted to talk about but felt you weren't given a chance?	Yes	No
Did you feel your opinions were treated as important?	Yes	No
As a result of our meeting do you feel	Yes	No
Able to understand your illness better?	Yes	No
Able to cope with it better?	Yes	No
Better able to look after your health?	Yes	No
More confident about your health?	Yes	No
More able to help your self?	Yes	No

### Your expectations

Did you expect a prescription?	Yes	No
Did you get one?	Yes	No
Did you expect a change of dose, or a different drug?	Yes	No
Was any such change made?	Yes	No
Did you understand the reason for my decision?	Yes	No
Were you happy with it?	Yes	No
Did you expect any tests or X-Rays?	Yes	No
Were any arranged?	Yes	No
Did you understand the reason for my decision?	Yes	No
Were you happy with it?	Yes	No
Did you expect to be referred to a specialist?	Yes	No
Were you referred?	Yes	No
Did you understand the reason for my decision?	Yes	No
Were you happy with it?	Yes	No

### In general

Were you happy with our consultation	Yes	No
Could I have said or done anything which would have made you more satisfied?	Yes	No
If so, please tell me -		

**How did you feel?**

Please **ring** any answers that you feel apply

Important  
Valued  
Understood  
Appreciated  
Let down

Neglected  
A nuisance  
Angry  
Inadequate  
Reassured

Listened to  
Happy  
Delighted  
At ease

Fobbed off  
Frustrated  
Not taken seriously  
Uncomfortable

Other \_\_\_\_\_

If you would like me to contact you about any of your responses, please write your name and 'phone number here and I will contact you

Name

Number

Many thanks for taking the time to complete this form.

**Please leave this completed form with a receptionist**