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| --- |
| **Patient Survey**    **Please fill in this survey to help the Practice identify problems encountered regarding appointments.**    **Please tick one of the following** |

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **SOME**  **TIME** | **NOT**  **RELEVANT** |
| **1** | Are you Satisfied with the Practice Opening Times? | | |  |  |  |  |
| **2** | Do you find it Easy to Book Appointments? | | |  |  |  |  |
| **3** | Do you find the Reception Staff Helpful at your GP Practice? | | |  |  |  |  |
| **4** | Can you Book an Appointment on the Same Day or the Next Day (24hrs)? | | |  |  |  |  |
| **5** | If you need to see a Doctor Urgently, can you Normally get Seen on the Same Day? | | |  |  |  |  |
| **6** | Have you been Able to Book more than 4 weeks in Advance? | | |  |  |  |  |
| **7** | Can you Book an Extended Appointment Time if Needed with the Doctor? | | |  |  |  |  |
| **8** | Can you Book an Extended Appointment Time if Needed with the Practice Nurse’s? | | |  |  |  |  |
| **9** | Can you Book a Telephone Appointment that is Convenient to you? | | |  |  |  |  |
| **10** | Does the Doctor Book your Hospital Referral during Consultation? | | |  |  |  |  |
| **11** | Do you Experience Delays while waiting to be seen? | | |  |  |  |  |
| **12** | Are you Diabetic, Asthmatic, or Suffer from COPD? | | |  |  |  |  |
| **13** | Do you see a Specialist Practice Nurse for your Diabetes, Asthma and COPD? | | |  |  |  |  |
| **14** | Are you able to see the Doctor of your choice? | | |  |  |  |  |
| **15** | Does your Doctor give you Enough Time and Listening to your Problems? | | |  |  |  |  |
| **16** | Does your Doctor Explain the Tests and Treatments and Involve you in Decisions? | | |  |  |  |  |
| **17** | Do you have Confidence and Trust in the Doctor you saw or spoke to? | | |  |  |  |  |
| **18** | Does the Practice Nurse’s Understand your Health Problems? | | |  |  |  |  |
| **19** | Does the Practice Nurse’s give you Advice on your Health and Keeping Healthy? | | |  |  |  |  |
| **20** | Are you Satisfied with your Doctor? | Dr. F Ogunbiyi | Dr. F Hlordzi |  |  |  |  |
| **21** | Are you Satisfied with the Practice Nurse’s or HCA’s? | | |  |  |  |  |

**Are you? Male**  / **Female**  **Ethnicity \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How old are you? Under 16**  **16 – 44**  **45 – 64**  **65 – 74**  **75 or over**