|  |
| --- |
| **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** [ ]