



**This Questionnaire is based on the views and comments of current patients and is designed to help us provide and develop services which meet patient expectation.**

**Thank you for participating in this survey – we value your opinion and your contribution which will remain confidential. It takes on average 10-15 minutes to complete.**

**BACKGROUND INFORMATION** (Please tick the following)

1. Are you male or female?

Male	<input type="radio"/>
Female	<input type="radio"/>

2. How old are you?

Under 18	<input type="radio"/>	55 – 64	<input type="radio"/>
18 – 24	<input type="radio"/>	65 – 74	<input type="radio"/>
25 – 34	<input type="radio"/>	75 – 84	<input type="radio"/>
35 – 44	<input type="radio"/>	85 and over	<input type="radio"/>
45 – 54	<input type="radio"/>		

3. Do you consider yourself to have a disability?

Yes	<input type="radio"/>
No	<input type="radio"/>

If yes please describe your disability below:

4. Do you have difficulty moving around the surgery?

Yes	<input type="radio"/>
No	<input type="radio"/>
Not applicable	

5. What best describes your ethnic group?

Please specify.....

**ACCESS TO YOUR SURGERY**

6. How many times in the last 12 months have you attended the surgery?

0-2	<input type="radio"/>
3 – 5	<input type="radio"/>
6 – 10	<input type="radio"/>
11 – 15	<input type="radio"/>
16 +	<input type="radio"/>

7. In the past 12 months, have you ever put off going to see a doctor because the surgery times at your practice are inconvenient for you?

Yes	<input type="radio"/>
No	<input type="radio"/>
If Yes, please specify	

	All the time	Most of the time	Some of the time	Never or hardly ever	Not Applicable
<b>8a.</b> Can you get through via the telephone to your GP surgery within a satisfactory time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8b.</b> Are the Receptionists as helpful as you think they should be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8c.</b> Are you able to book an urgent appointment when you need one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8d.</b> Are you able to see a particular Doctor when you would like to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>8e.</b> Do you feel that you have enough time during a consultation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How far in advance would you like to be able to book an appointment?

Please specify.....

**ABOUT YOUR DOCTOR**

10. What is the name of the GP you see normally/ most often? *(Please leave blank if you would rather not say.)*

Name.....

	All the time	Most of the time	Some of the time	Never or hardly ever	Not Applicable
11a. Does your GP listen to you no matter how busy he/she is?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11b. Does your GP treat you with dignity and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11c. Does your GP treat you as you would wish when giving you a physical examination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11d. Does your GP know enough about your medical history?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11e. Do you feel that your GP knows what treatment is best for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11f. Does your GP give you enough information about your condition or treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11g. Do you feel able to ask as many questions as you would like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11h. Do you feel that your GP explains about your condition/ treatment in a way that is easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ABOUT THE NURSES**

**12.** What is the name of the nurse you see normally/ most often? (*Please leave blank if you would rather not say.*)

Name .....

**13.** Thinking about the last time you saw a nurse at your GP surgery did the nurse know enough about your condition or treatment? (tick one only)

Yes	<input type="radio"/>
Something but not enough	<input type="radio"/>
Little or nothing	<input type="radio"/>
Can't say	<input type="radio"/>

**14.** On that occasion did the nurse answer the questions that you asked? (tick one only)

Yes	<input type="radio"/>
Some	<input type="radio"/>
None	<input type="radio"/>
I did not ask any	<input type="radio"/>

**15.** On that occasion do you feel that the nurse took appropriate action to deal with the reason(s) for your visit (that is, gave you the right medicine, treatment, tests, advice etc.)? (tick one only)

There was no need to take action	<input type="radio"/>
Yes	<input type="radio"/>
No	<input type="radio"/>
Can't say	<input type="radio"/>

**16.** If the nurse took action, did they explain the reason for that action in a way that you found easy or difficult to understand? (tick one only)

Very easy to understand	<input type="radio"/>
Fairly easy to understand	<input type="radio"/>
Fairly difficult to understand	<input type="radio"/>
Very difficult to understand	<input type="radio"/>
Reasons were not explained at all	<input type="radio"/>

**OTHER COMMENTS**

If there is anything else you would like to tell us about being a patient at St. Lawrence Surgery.

Any other comments?
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**FUTURE SERVICES**

17. Would you like us to expand our online service to book appointments?

Yes	<input type="radio"/>
No	<input type="radio"/>

18. If so, which of the following would you like to book an appointment online?

A blood test appointment	<input type="radio"/>
A nurse treatment room appointment	<input type="radio"/>
A nurse diabetes clinic appointment	<input type="radio"/>
A nurse respiratory clinic appointment	<input type="radio"/>

19. Would you like to see more appointments with doctors available online?

No	<input type="radio"/>
Yes	<input type="radio"/>

20. Would you attend a social event at the surgery?

No	<input type="radio"/>
Yes	<input type="radio"/>

21. If yes, would you prefer:

Morning	<input type="radio"/>
Afternoon	<input type="radio"/>
Evening	<input type="radio"/>

22. Would you like to see a complementary therapist? (on a private basis)

Yes	<input type="radio"/>
No	<input type="radio"/>

23. If yes, would you like to see:

Acupuncture	<input type="radio"/>
Reflexology	<input type="radio"/>
Massage	<input type="radio"/>
Other? Please specify	

24. Would you like more information about services at the surgery?

Yes	<input type="radio"/>
No	<input type="radio"/>

25. If yes, how would you like your information?

Online	<input type="radio"/>
Books	<input type="radio"/>
Leaflets	<input type="radio"/>
Other Please specify below	<input type="radio"/>

Have you any suggestions that would help us give you a better service?

**Thank you for participating in this study, your opinions are very important to us.**

**Please place your completed forms in the box provided or hand in to the receptionists.**