

# Patient Satisfaction Questionnaire - Consultants & Therapists



Thank you for choosing to be seen by us at the Oxford Private Medical Practice.

We aim to provide you with the best possible healthcare service. By providing feedback on your experiences and views, you will be helping us to improve every aspect of how we support you.

All information received is treated in confidence, please do not write your name on this questionnaire and please base your answers only on today's consultation.

If you change your mind just cross out your old response and make your new choice.

Please write today's date here: .....

Today I came to see: .....

Which surgery did you attend?

Mayfield House

Stratum Clinic

**1. Thinking about booking your appointment today and the related administration, please let us know how you found the experience (Please complete and tick one box)**

i Where did you hear about our practice

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	Great	Good	Fair	Poor	N/A
ii The information available on our practice (eg website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii The ease of booking an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv The charging structure was explained clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v The practice info, confirmation and T&Cs are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi Our welcome / greeting on your arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii The punctuality of your appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii Your impression of the practice environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix What do you consider of the overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
x You had easy physical access into the practice	<input type="checkbox"/>	<input type="checkbox"/>			

**2. Now thinking about your consultation, how good was your consultant at each of the following? (Please tick one box in each line)**

	Great	Good	Fair	Poor	N/A
i Making you feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii Letting you tell your story & listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii Explaining your condition and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv Involving you in decisions about your treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v Giving you the chance to ask questions & raise concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi Treating you with dignity & respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please decide how strongly you agree or disagree with these statements (please tick one box in each line)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i My information will be kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii This consultant is honest and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Can you let us know how you feel about your appointment (please tick one box in each line)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
i I am confident with this consultant's ability to provide support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii I would be happy to see this consultant again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii I feel I have benefited from this consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv I was provided with clear verbal & written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v I was shown respect for my religious & cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

	Yes	No
vi Was this visit with your usual consultant?	<input type="checkbox"/>	<input type="checkbox"/>
vii Would you recommend the Practice to others	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments you want to make about this consultant

Please note: No patients will be identified when this information is given to the consultant.

We value any comments about any other aspect of the service we provide, in particular if you feel there are any services we could include which may benefit you in the future

Please continue overleaf