

Phoenix Family Care - Patient Satisfaction Questionnaire

Please Circle All Answers

Please tell us about your appointment today and in the past

1. How did you make your appointment?
 - Telephone
 - Walking in to the surgery
 - Other.....
2. When trying to make an appointment or obtain information, how easy is it to get through on the telephone?
 - Very Easy, (answered first time)
 - Easy, (answered after a few rings)
 - Difficult, (answered after 10 minutes trying)
 - Very difficult, (tried for 30 minutes or more before getting through)
 - Not applicable, I don't make appointments on the telephone
3. What time of day do you normally call the surgery for - **Urgent appointments**:.....
4. What time of day do you normally call the surgery for - **Non-urgent appointments**:.....
5. What problems do you commonly have when calling the surgery for an appointment?
 - There is no answer
 - The line is engaged
 - The receptionist is unable to assist
 - The receptionist is unwilling to assist
 - Not applicable, I don't make appointments on the telephone
6. When making an appointment, are you able to discuss your needs clearly with the receptionist?
 - Yes it is very easy
 - Yes, it is easy
 - No It is difficult
 - No, it is very difficult
7. When requesting an urgent appointment to see a doctor or nurse, when is the appointment normally made?
 - The same day
 - The next day
 - Within three days
 - More than three days

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8. When requesting a non-urgent appointment to see a doctor or nurse, when is the appointment normally made?
- The same day
 - Within three days
 - Within a week
 - Within two weeks
9. Are you generally happy with the time it takes to see a doctor or nurse?
- Yes
 - No
10. When making an appointment, how important is it to see a doctor or nurse of your choice?
- Very important
 - Fairly important
 - Don't mind
 - Not at all important
11. What method do you use to order a repeat prescription?
- Telephone
 - Walking in to the surgery
 - By post
12. If offered would you use an e-mail service to - **Make appointments?**
- Yes
 - No
13. If offered would you use an e-mail service to - **Order repeat prescriptions?**
- Yes
 - No

Please tell us about the facilities

14. How were you greeted by the reception staff?
- Very welcoming
 - Acknowledged
 - Not really noticed
 - Not at all welcoming
 - I always use the screen
15. Do you feel able to have a confidential conversation when speaking with the receptionist?
- Yes, always
 - Yes, if there are no other patients waiting nearby
 - No

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16. How clean do you think the waiting area and facilities are?

- Very clean
- Clean
- Unclean
- Very Unclean

17. If you have a disability, do you feel it is taking into consideration during an appointment?

- Yes
- No
- Not applicable

18. Do you think that the surgery has adequate facilities for your disability?

- Yes
- No
- Not applicable

19. Which doctor or nurse did you see today?

20. When did you see the doctor or nurse?

- At the appointed time
- Within 5 minutes of the appointment
- Within 15 minutes of the appointment
- Within 30 minutes of the appointment
- Longer than 30 minutes of the appointment

21. How long did you see the doctor or nurse for?

- 5 minutes
- 10 Minutes
- More than 10 Minutes
- I cannot say

22. How clean was the doctor or nurses room?

- Very Clean
- Clean
- Unclean
- Very unclean

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Please tell us about your time with the Doctor or Nurse

23. Did the doctor or nurse take an interest in what you were discussing with them?

- They were very interested
- They showed some interest
- They showed little interest
- They showed no interest at all

24. Do you feel that your **problem, condition or illness** was clearly explained to you?

- They were clearly explained
- There was some information provided
- It was not explained clearly at all
- There was no explanation

25. Do you feel that your **treatment** was clearly explained to you?

- They were clearly explained
- There was some information provided
- It was not explained clearly at all
- There was no explanation

Please tell us a little about yourself

26. What role that best describes you?

- Patient
- Parent
- Guardian
- Carer
- Friend
- Other:.....

27. What is your age range?

- 0-25
- 26-40
- 41-60
- 61-75
- 76 and above

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28. What is your ethnicity?

- White – English, Scottish, Northern Irish, Irish, Welsh, British
- White – Gypsy or Irish Traveller
- White – Any other white background

- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Chinese
- Asian/Asian British –Any other Asian background

- Black, African, Caribbean, Black British – African
- Black, African, Caribbean, Black British – Caribbean
- Any other Black background

- Roma
- Arab
- Any other ethnic background

Please tell us about any improvements we can make

If you have time, please let us know about any ideas you may have on improvements to the service we offer of the facilities we use: