|  |  |
| --- | --- |
| The Clinician you saw today was: |  |

|  |  |
| --- | --- |
| Questions: | Rate from 1- 5  (5 is the best score) |
| 1. The clinician put me at ease? |  |
| 1. The clinician was polite and considerate? |  |
| 1. My concerns were listened to? |  |
| 1. I was given sufficient time to discuss things? |  |
| 1. I understood the assessment of my condition? |  |
| 1. My ongoing treatment regime was explained to me? |  |
| 1. I was involved in all decisions related to my care? |  |
| 1. The clinician provided/arranged appropriate treatment for me? |  |
| 1. I would be happy to see this clinician again? | Yes/No |
| Please provide any further comments on your answers below: | |
| Do you have any further comments in relation to the CARE you receive from us? | |

The Holbrook and Shotley Practice – Patient Questionnaire

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you find the waiting areas to be clean and comfortable?** | | | | | | | |
| **Yes** |  | | **No** | | |  | |
| If you have answered **No** – please tell us why: | | | | | | | |
| **Is there sufficient information on our display screens for your needs?** | | | | | | | |
| **Yes** |  | | **No** | | |  | |
| If you have answered **No** – please give more information: | | | | | | | |
| **Is our automated check in system easy to understand and use?** | | | | | | | |
| **Yes** |  | | **No** | | |  | |
| If you have answered **No** – please give more information: | | | | | | | |
| **Do you find our reception team to be:** | | | | | | | |
| **Professional?** | | **Yes** | |  | **No** | |  |
| **Polite?** | | **Yes** | |  | **No** | |  |
| **Respectful?** | | **Yes** | |  | **No** | |  |
| **Knowledgeable?** | | **Yes** | |  | **No** | |  |
| **Helpful?** | | **Yes** | |  | **No** | |  |
| If you have answered **No** to any of the above – please give more details: | | | | | | | |
| **FRIENDS AND FAMILY**  **Based on your visit to the practice TODAY how likely are you to recommend The Holbrook and Shotley Practice to your friends and family?** | | | | | | | |
| **Extremely Likely** | | | | |  | | |
| **Likely** | | | | |  | | |
| **Neither Likely nor Unlikely** | | | | |  | | |
| **Unlikely** | | | | |  | | |
| **Extremely Unlikely** | | | | |  | | |
| **Please let us know why you have chosen your answer in this section:** | | | | | | | |

Thank you for your assistance and input.

The results of this survey will be published on the Practice website ([www.holbrookandshotleysurgery.co.uk](http://www.holbrookandshotleysurgery.co.uk)) and displayed in the waiting rooms shortly.