

DR JOHN THOMPSON AND DR SIMON HIND QUESTIONNAIRE

How to fill in this questionnaire... Please mark the Box like this ✓

Appointments

		Poor	Fair	Good	Very good	Excellent
1.	How easy is it to see the doctor of your choice?					
2.	Satisfaction with the day and time arranged for your appointment					
3.	How easy is it to be seen for an urgent appointment?					

Patient Information

		Poor	Fair	Good	Very good	Excellent
4.	In your experience, how do you rate the information provided by this practice about its services (e.g. Repeat Prescription, test results, Private Fees and certificates)					
5.	The information provided by this practice about how to prevent illnesses and stay healthy (e.g. Health risks, Diet, Alcohol and Smoking)					
6.	The availability and administration of our reminder system for chronic disease Health Checks					
7.	If you have seen our nurses at the practice were you happy with the service and level of information given.					

Telephone Access

		Poor	Fair	Good	Very good	Excellent
8.	Ability to get through to the practice					
9.	Ability to speak to a clinician for advice					

Opening Times

		Poor	Fair	Good	Very good	Excellent
10.	How do you rate the hours that the practice is open for appointments?					
11.	Satisfaction with our late night appointments (these are available 6.30p.m to 7.10pm on Monday)?					

Waiting Room

		Poor	Fair	Good	Very good	Excellent
12.	How do you rate the waiting area provision?					

Parking

		Poor	Fair	Good	Very good	Excellent
13.	How do you rate the parking facilities available for the practice?					

About the Staff

		Poor	Fair	Good	Very good	Excellent

14.	The manner in which you were treated by the reception staff					
15.	Respect shown for your privacy and confidentiality					

Customer Service

		Poor	Fair	Good	Very good	Excellent
16.	Satisfaction with the practice as a Whole?					

Please state reasons for dissatisfaction:

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Any other comments:

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The following questions provide us only with general information about the range of people who have responded to this survey. No one at the practice will be able to identify your personal responses.

	Male	Female
Are You		

	Less than 5 yrs	5-10 yrs	More than 10 yrs
How many years have you been registered with this practice			

Ethnicity	
British	
Irish	
Any other White background	
Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed background	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
Caribbean	
African	
Any other Black background	
Chinese	

Thank you for taking the time to complete this questionnaire. The results will be published on our practice website.