

Patient Satisfaction Questionnaire

Please tick one answer for each question and return to reception

Dear Patient, we would be grateful if you would complete this questionnaire about your visit to the doctor today. The doctor that you have seen is a fully qualified doctor who is learning to become a general practitioner. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer **all** the questions below. There are no right or wrong answers and your doctor will **not** be able to identify your individual responses.

	Not relevant to this consultation	    				
		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Did this doctor make you feel relaxed and welcome?		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Do you feel this doctor listened to you?		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Did the doctor explain things to you in a way you could understand?		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Were you involved as much as you wanted to be in decisions about your care and treatment?	Not Applicable	No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Do you have confidence in the decisions made about your condition or treatment?	Not Applicable	No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Do you know what will happen next with your care?	Not Applicable	No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Do you know what to do if your condition gets worse?	Not Applicable	No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Did the doctor treat you with respect and dignity?		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely
Do you trust this doctor?		No, not at all	No, not really	Yes, but not fully	Yes	Yes, completely

Do you have any specific comments about this doctor from this consultation?