



GREENSANDS MEDICAL PRACTICE

Patient Satisfaction Survey

1. How likely is it that you would recommend your Practice to a friend or family member?

NOT AT ALL LIKELY

EXTREMELY LIKELY

0	1	2	3	4	5	6	7	8	9	10
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2. Overall, how satisfied or dissatisfied were you with your last visit to the Practice?

- | | |
|----------------------------------------------------------|---------------------------------------------|
| <input type="radio"/> Very satisfied | <input type="radio"/> Somewhat dissatisfied |
| <input type="radio"/> Somewhat satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Neither satisfied nor dissatisfied | |

3. How easy or difficult was it to schedule your appointment at a time that was convenient for you?

- | | |
|--------------------------------------------------|------------------------------------------|
| <input type="radio"/> Very easy | <input type="radio"/> Somewhat difficult |
| <input type="radio"/> Somewhat easy | <input type="radio"/> Very difficult |
| <input type="radio"/> Neither easy nor difficult | |

4. How convenient was the appointment time you were able to get?

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="radio"/> Extremely convenient | <input type="radio"/> Not so convenient |
| <input type="radio"/> Very convenient | <input type="radio"/> Not at all convenient |
| <input type="radio"/> Somewhat convenient | |

5. In your opinion, how convenient is the location of the practice?

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="radio"/> Extremely convenient | <input type="radio"/> Not so convenient |
| <input type="radio"/> Very convenient | <input type="radio"/> Not at all convenient |
| <input type="radio"/> Somewhat convenient | |

6. Overall, how would you rate the service you received from the staff at the practice?

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | |

7. How comfortable was the waiting area?

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="radio"/> Extremely comfortable | <input type="radio"/> Not so comfortable |
| <input type="radio"/> Very comfortable | <input type="radio"/> Not at all comfortable |
| <input type="radio"/> Somewhat comfortable | |

8. Did your appointment with the clinician start early, late or on time?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> Very early | <input type="radio"/> Somewhat late |
| <input type="radio"/> Somewhat early | <input type="radio"/> Very late |
| <input type="radio"/> On time | |

9. Who was your last appointment with?

- | | |
|------------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> General Practitioner (GP) | <input type="radio"/> Health Care Assistant (HCA) |
| <input type="radio"/> Urgent Care Practitioner (UCP) | |
| <input type="radio"/> Practice Nurse (PN) | |

10. Overall, how would you rate the care you received from the medical clinician?

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | |

11. How much do you trust the clinician to make medical decisions that are in your best interests?

- | | |
|-----------------------------------------|----------------------------------|
| <input type="radio"/> A great deal | <input type="radio"/> A little |
| <input type="radio"/> A lot | <input type="radio"/> Not at all |
| <input type="radio"/> A moderate amount | |

12. How well did the clinician listen to your needs?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

13. How well did the clinician answer your questions?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

14. How well did the clinician explain your treatment options?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

15. How well did the clinician explain your follow-up care?

- | | |
|--------------------------------------|---------------------------------------|
| <input type="radio"/> Extremely well | <input type="radio"/> Not so well |
| <input type="radio"/> Very well | <input type="radio"/> Not at all well |
| <input type="radio"/> Somewhat well | |

16. How satisfied or dissatisfied were you with the amount of time your clinician spent with you addressing your needs?

- | | |
|----------------------------------------------------------|---------------------------------------------|
| <input type="radio"/> Very satisfied | <input type="radio"/> Somewhat dissatisfied |
| <input type="radio"/> Somewhat satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Neither satisfied nor dissatisfied | |

17. Is there anything we could do to improve our surgery and/or patient care?