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Patient Questionnaire

March 2008

Dear Patient,

We are surveying a sample of our patients to help us to make sure that the services that we provide are meeting your needs. **Please do not write your name on this form. Please** complete it after you have seen the Doctor. Please place it in the box on the reception desk before you leave.

Things that we would like you to tell us about services offered by the Medical Centre		Poor	Fair	Neutral	Good	Excellent
1	How did we do when making your appointment?	1	2	3	4	5
2	How were your telephone queries or concerns handled?	1	2	3	4	5
3	Making arrangements for home visits if needed are?	1	2	3	4	5
4	Arrangements for getting after hours service are?	1	2	3	4	5
5	The chances of seeing doctor of your choice are?	1	2	3	4	5
6	The comfort, temperature and convenience of waiting areas are?	1	2	3	4	5
7	Waiting room waiting time to see doctor is?	1	2	3	4	5
8	Information provided by the centre about fees, and payment arrangements is?	1	2	3	4	5
9	The availability of information for making a complaint about the service and quality of care is?	1	2	3	4	5
Thing that we would like you to tell us about the Doctor that you just saw		Poor	Fair	Neutral	Good	Excellent
9	Your overall satisfaction with this visit to the doctor is?	1	2	3	4	5
10	The doctors greeting to me was?	1	2	3	4	5
11	On this visit, rate the way that the doctor listened to you?	1	2	3	4	5
12	The way that the doctor explained things to me was?	1	2	3	4	5
13	The extent to which I felt reassured by the doctor was?	1	2	3	4	5
14	My confidence in this doctors ability is?	1	2	3	4	5
15	The way that the doctor gave me the opportunity to express my concerns, fears and ask questions was?	1	2	3	4	5
15	The respect shown to you by this doctor is?	1	2	3	4	5
16	The time you were given during this visit was?	1	2	3	4	5

17	The doctors consideration of my opinions and circumstances in deciding a treatment or advising me was?	1	2	3	4	5
18	The doctors concern for you as a person was?	1	2	3	4	5
19	I would tell my friends that the way the doctor related to me was?	1	2	3	4	5
20	The doctor's advice about illness prevention and staying healthy ie alcohol use; smoking; diet; etc was?	1	2	3	4	5
	Things about the way that staff related to you	Poor	Fair	Neutral	Good	Excellent
21	The manner that reception staff treated me was?	1	2	3	4	5
22	The staff's help with younger – or older patients was?	1	2	3	4	5
23	If you have used the practice nurses services, how did you rate them?	1	2	3	4	5
24	The staffs assistance with paperwork ie registration and ACC forms etc was?	1	2	3	4	5
25	The staffs respect for my cultural needs was?	1	2	3	4	5
26	The staffs ability to ensure accuracy of my personal details was?	1	2	3	4	5
	Overall Impressions	Poor	Fair	Neutral	Good	Excellent
28	Overall, the value for money for this visit was?	1	2	3	4	5
28	My overall satisfaction with the Medical Centre is?	1	2	3	4	5

The following information will help us to respond to results of this survey none of this information will be used to identify you and will remain confidential at all times.

Cultural Heritage – Are you: -

NZ European or Pakeha

NZ Maori

Pacific Island –specify.....

Other – specify.....

Indian

Chinese

Personal Information: Are You

Female

Male

How old are you.....

How many times have you visited this practice?

Once More than once

Thank you for taking the time to answer this survey, we appreciate the opportunity to understand your point of view.

Please make any other suggestions/comments on the attached suggestions form

SUGGESTIONS TO IMPROVE THE SERVICES
OFFERED BY _____ MEDICAL CENTRE

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