



Crawcrook Medical Centre

PRACTICE QUESTIONNAIRE

You can help to improve the Practice by giving us feedback on the standard of service received. Please read and complete this survey while waiting for your appointment and also after you have been seen.

Are you being seen by (please tick as appropriate):

- Doctor Practice Nurse Nurse Practitioner Health Care Assistant

Name of Doctor/Nurse/HCA (if applicable): _____

Have you asked to specifically see this clinician? Yes No

If yes, why? _____

Would you be happy to see an alternative clinician? Yes No

If yes, why? _____

Please rate each of the following areas by circling one answer on each line:

	No experience	Poor	Fair	Good	Very Good	Excellent
Access to a Doctor or Nurse						
Speed at which telephone was answered initially	0	1	2	3	4	5
Speed at which a transferred call was answered	0	1	2	3	4	5
Length of time you had to wait for an appointment	0	1	2	3	4	5
Convenience of day and time of your appointment	0	1	2	3	4	5
Seeing the doctor/nurse of your choice	0	1	2	3	4	5
Length of time waiting to check in at Reception	0	1	2	3	4	5
Length of time waiting to see the doctor/nurse	0	1	2	3	4	5
Opportunity of speaking to a doctor/nurse on the telephone when necessary	0	1	2	3	4	5
Opportunity of obtaining a home visit when necessary	0	1	2	3	4	5
Level of satisfaction with the after hours service	0	1	2	3	4	5

	No experience	Poor	Fair	Good	Very Good	Excellent
Obtaining a repeat prescription						
Prescription ready on time	0	1	2	3	4	5
Prescription correctly issued	0	1	2	3	4	5
Handling of any queries	0	1	2	3	4	5
Obtaining test results						
Were you told when to contact us for your results?	0	1	2	3	4	5
Results available when you contacted us?	0	1	2	3	4	5
Level of satisfaction with the amount of information provided	0	1	2	3	4	5
Satisfaction with the manner in which the result was given	0	1	2	3	4	5
About the staff						
The information provided by the Reception staff	0	1	2	3	4	5
The helpfulness of the Reception staff	0	1	2	3	4	5
The information provided by other staff	0	1	2	3	4	5
The helpfulness of other staff	0	1	2	3	4	5
And finally:						
Overall satisfaction with this Practice		1	2	3	4	5

Further Comments:

About You

Note that the following questions are intended to gather general information about the range of people who have responded to this survey. These details will not be used to identify you and will remain confidential.

How old are you?		How many years have you been attending this Practice?	
Are you: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender			
Are you aware of the NHS Choices website? <input type="radio"/> Yes <input type="radio"/> No		Are you aware you can comment on the practice on the NHS Choices website? <input type="radio"/> Yes <input type="radio"/> No	

Thank you for your time and assistance
Please place your completed questionnaire in the box at Reception