

PATIENT SATISFACTION QUESTIONNAIRE

We would be grateful if you would complete this questionnaire about your visit. Feedback from this survey will enable us to identify areas that may need improvement. Your opinions are therefore very valuable.

Patient Name (optional)

Date

Making you feel at ease... (being friendly and warm towards you, treating you with respect; not cold or abrupt)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Letting you tell "your" story... (giving you time to fully describe your illness in your own words; not interrupting or diverting you)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Really listening... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Being interested in you as a whole person... (asking/knowing relevant details about your life, your situation; not treating you as "just a number")

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Fully understanding your concerns... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Showing care and compassion... (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Being positive... (having a positive approach and a positive attitude; being honest but not negative about your problems)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Explaining things clearly... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Helping you to take control... (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Making a plan of action with you... (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

How would you rate your overall experience in dealing with Mr Nolan's personal assistants?

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

How would you rate your consultation?

Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Overall were you satisfied with your consultation with Mr Nolan?

Yes	No

Any additional comments

Many thanks for your assistance.