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Dear Patient: You have recently visited our surgery and we would be grateful if you could complete the following survey based on this latest experience. Your response will be kept strictly confidential. Thank you for your help.

**PLEASE RATE THE FOLLOWING:**

1. **YOUR APPOINTMENT:** Excellent Very Good Good Fair Poor N/A
2. Ease of making appointment by phone 5 4 3 2 1 0
3. Appointment available within a reasonable amount of time 5 4 3 2 1 0
4. Getting care for illness/injury as soon as you wanted it 5 4 3 2 1 0
5. The efficiency of the check-in process 5 4 3 2 1 0
6. Waiting time in the reception area 5 4 3 2 1 0
7. Time spent in your appointment 5 4 3 2 1 0
8. Ease of getting a referral when you needed one 5 4 3 2 1 0
9. **OUR STAFF:**
10. The courtesy of the person who took your call 5 4 3 2 1 0
11. The friendliness and courtesy of the receptionist 5 4 3 2 1 0
12. The caring concern of our Treatment Room staff 5 4 3 2 1 0
13. Interaction with the Doctor 5 4 3 2 1 0

PLEASE TURN OVER

1. **OUR COMMUNICATION WITH YOU:**
2. Phone call answered promptly 5 4 3 2 1 0
3. Getting help and advice if needed 5 4 3 2 1 0
4. Explanation of your procedure (if applicable) 5 4 3 2 1 0
5. Time spent in your consultation 5 4 3 2 1 0
6. Time taken to answer your questions 5 4 3 2 1 0
7. **YOUR VISIT WITH THE MEDICAL TEAM:**
8. Willingness to listen carefully to you 5 4 3 2 1 0
9. Explaining things in a way you understood 5 4 3 2 1 0
10. Instructions regarding medication/follow-up care 5 4 3 2 1 0
11. The thoroughness of your examination 5 4 3 2 1 0
12. Advice given to you on ways to stay healthy 5 4 3 2 1 0

**E: YOUR OVERAL SATISFACTION WITH:**

1. Our Practice 5 4 3 2 1 0
2. The quality of the medical care provided to you 5 4 3 2 1 0
3. Overall rating of care from your Doctor or Nurse 5 4 3 2 1 0

**WOULD YOU RECOMMEND US TO FAMILY AND FRIENDS? YES NO**

**IF NO, PLEASE TELL US HOW WE COULD IMPROVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOME INFORMATION ABOUT YOU:**

**MALE/FEMALE AGE: FIRST PART OF POST CODE:**

**Thanks for taking the time to complete this survey! Please hand in at the reception, Thank You**