



The Overdale Medical Practice Patient Questionnaire

The doctors and staff at the Overdale Practice want to provide the highest standard of care. Feedback from this survey will enable us to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer all the questions that apply to you. There are no right or wrong answers and we will not be able to identify your individual responses.

We would like to thank the Overdale Patient Participation Group who helped develop this questionnaire.

If you would like to see that changes that we have made based on your feedback please refer to our noticeboards and website in April.

Thank you for your time.

Which surgery do you usually attend? Breaston [] Borrowwash []

In the past 12 months, how many times have you seen a doctor at the practice ?

None [] Once or twice [] 3 or 4 times [] 5 or 6 times [] 7 or more []

How do you rate the way you are treated by the receptionists?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

How do you rate the opening hours at the practice?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

Are you aware of our 'extended hours' appointments? Yes [] No []

Any Comments _____

If you need to see a GP urgently, within practice hours, can you normally be seen that day? Yes [] No []

Are you aware of how to access out of hours when we are not open?

Yes [] No [] *(NB. To access out of hours, phone the surgery number and wait to be transferred)*

When you want to see a doctor how quickly do you usually get seen?

Same day [] The next day [] 2 days [] 3 days [] 4 or more days [] n/a []

How do you rate this?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

How long, after your appointment time, do you usually have to wait to see the doctor or nurse?

Under 5 mins [] 6-10 mins [] 11-20 mins [] 21-30 mins [] over 30 mins []

How do you rate the ability to get through to the practice on the phone?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

Any Comments _____

How often, if applicable, are you able to see the doctor of your choice?

Never [] Almost Never [] Some of the time [] Most of the time [] Always []

Thinking about consultations you have had previously please rate the following:

How thoroughly you were asked about your symptoms and listened to?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

How well you were put at ease during a physical examination?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

How much you were involved in decisions about your care?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

How well your problems or treatment were explained to you?

Very poor [] Poor [] Fair [] Good [] Very good [] Excellent []

Do you have a long term condition or ongoing illness? Yes [] No []

If so, please answer the following questions:

How confident are you in understanding your problem or illness?

Not at all confident [] Not very confident [] Reasonably confident []
Confident []

How confident are you to cope with your problem or illness?

Not at all confident [] Not very confident [] Reasonably confident []
Confident []

How confident are you in being able to keep yourself healthy?

Not at all confident [] Not very confident [] Reasonably confident []
Confident []

Some services are available through the practice but are not actually provided by or run by the practice. However, it is important to us that you are satisfied with all aspects of your healthcare and therefore would appreciate it if you could answer the following questions where appropriate.

Service	Have you used this service?	Please tick the box that applies					
		Very Poor	Poor	Fair	Good	Very Good	Excellent
Out of hours							
Blood Services							
District Nursing							
Health Visitors							
Physiotherapy							
Counselling							
Chiropody							
Dietetics							

If you have any comments regarding any of the above services please use the room below:

Finally, it will help us to understand your answers if you could tell us a little about yourself:

Are you: Male Female

Please indicate your age band.

0 – 19 20 – 39 40 – 59 60 – 79 80 or over

To which ethnic group do you belong ?

White Black or black British Asian or Asian British
Mixed Chinese Other (Please state.....)

Which of the following best describes you? (please tick one box)

Employed Unemployed and looking for work

At school or in education Unable to work due to long term sickness

Looking after home or family Retired

Other (please describe).....

We are interested in any other comments you may have.

Is there anything you rate as particularly good about your healthcare?

Is there anything that could be improved?

Any other comments?

