

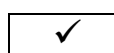
# Eagle House Surgery

## You can help this general practice improve its service

- All the practice team at this surgery would welcome your honest feedback
- Please read and complete this survey after your visit
- No one at the practice will be able to identify your personal responses
- Once completed, please put this survey in the box at reception
- The results will be shared with our staff team, our Patient Participation Group and the NHS Commission

### How to fill in this questionnaire:

Please mark the  
Box like this



If you change your mind please  
Make sure you cross out your old  
Response, like this:



New Choice



**When giving your feedback we would like you to think about your recent experiences of our service**

About the practice		Excellent	Very Good	Good	Fair	Poor
1	Ease of access in and around the surgery					
2	Your level of satisfaction with the practice's opening hours					
3	Ease of contacting the practice on the telephone					
4	Satisfaction with the day and time arranged for your appointment					
5	Chances of seeing a doctor/nurse within 48/24 hours					
6	Chances of seeing a doctor/nurse of <u>your</u> choice					
7	Opportunity of speaking to a doctor/nurse on the telephone when necessary					
8	Comfort level of waiting room (e.g chairs, magazines)					
9	Length of time waiting in the practice					
10	If appropriate, ease of using on-line services (e.g ordering prescriptions & online booking)					

About the Doctor/Nurse		Excellent	Very Good	Good	Fair	Poor
11	My overall satisfaction with this visit to the doctor/nurse is ...					
12	The warmth of the doctor/nurse's greeting to me was .....					
13	On this visit I would rate the doctor/nurse's ability to really listen to me as....					
14	The doctor/nurse's explanations of things to me were ....					
15	The extent to which I felt reassured by this doctor/nurse was ...					
16	My confidence in this doctor/nurse's ability was ...					
17	The opportunity the doctor/nurse gave me to express my concerns or fears was ...					
18	The respect shown to me by this doctor/nurse was ....					
19	The amount of time given to me for this visit was ....					
20	This doctor/nurse's consideration of my personal situation in deciding a treatment or advising me was ...					
21	The doctor/nurse's concern for me as a person on this visit was ...					

About the Reception and Admin Team		Excellent	Very Good	Good	Fair	Poor
22	The manner in which you were treated by the reception staff					
23	Respect shown for your privacy and confidentiality					
24	Information provided by the practice about its service (e.g. repeat prescriptions, test results, cost of private certificates etc)					

<b>Finally</b>		Excellent	Very Good	Good	Fair	Poor
25	The opportunity for making compliments or complaints to this practice about its service and quality of care					
26	The information provided by this practice about how to prevent illness and stay healthy (e.g. alcohol use, health risks of smoking, diet habits etc)					
27	The availability and administration of reminder systems for on-going health checks is					
28	The practice's respect for your right to seek a second opinion or complementary medicine was ...					

<b>Overall</b>		Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know
29	<b>How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment</b>						

Any comments about how this **practice** could improve its service?

Any comments about how the **doctor/nurse** could improve?

**The following questions provide us only with general information about the range of people who have responded to this survey. No one at the practice will be able to identify your personal response**

How old are you, in years <input type="text"/>	Are you Female <input type="checkbox"/> Male <input type="checkbox"/>	How many years have you been attending this practice? Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/>
Was this visit with a Doctor Yes <input type="checkbox"/> No <input type="checkbox"/> Nurse Yes <input type="checkbox"/> No <input type="checkbox"/>		
What are the first 4 or 5 digits of your postcode? (e.g. EX2 2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**Thank you for your time and assistance**