

THE GP PATIENT SURVEY

	Poor	Fair	Good	Excellent
1. Your level of satisfaction with the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ease of contacting the practice on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Satisfaction with the day and time arranged for your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Booking an appointment in advance with the doctor of your choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Opportunity of speaking to a doctor on the telephone if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Comfort level of waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Length of time waiting in the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My overall satisfaction with this visit to the doctor is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The amount of time given to me by this visit was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would I recommend this practice to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 responses.

How old are you in years

- Under 25
25-59
60+

Are you

- Female
Male

Was this with your usual clinician?

- Yes
No