

Central Health Medical- Fairy Springs Medical Centre

- Patient Feedback Survey

As a practice we are always trying to improve our service and the delivery of health care to all our patients. Consequently we would be grateful if you would spend some time completing this questionnaire.

Please ☒ the box in each question, which best reflects your experience.

Access to the Practice
1. Phone Access - were you able to speak with a nurse or doctor if required? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> N/A
2. Are you able to get an appointment when you need one? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
3. Do you get an appointment with your preferred provider? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
Comfort
4. On arrival today, how did you feel at reception? <input type="checkbox"/> welcomed <input type="checkbox"/> safe <input type="checkbox"/> acknowledged <input type="checkbox"/> worried <input type="checkbox"/> frustrated <input type="checkbox"/> confused <input type="checkbox"/> Other, please state _____
5. How long did you have to wait to be seen? <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> more than 20 minutes
6. Do the reception staff keep you informed if there is a delay with your scheduled appointment? <input type="checkbox"/> Don't know/ N/A <input type="checkbox"/> Rarely/never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always
7. While waiting how did you feel? <input type="checkbox"/> welcomed <input type="checkbox"/> safe <input type="checkbox"/> acknowledged <input type="checkbox"/> worried <input type="checkbox"/> frustrated <input type="checkbox"/> confused <input type="checkbox"/> other, please state _____
Staff
8. How would you rate the receptionists who helped you today? <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent
9. How would you rate the Doctor/Nurse who helped you today? <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent
For your consultation today
10. Who did you see? <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner
11. How would your rate the amount of time spent with you? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent
12. How well were you listened to and your preferences for healthcare respected? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent

