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

13. While seeing the Doctor or Nurse today, how did you feel?					
Understood Calm Respected Misunderstood Frustrated					
Confused Other, please state					
14. How well were your personal beliefs, and/or lifestyle acknowledged and considered?					
□ Not at all □ A little □ Well □ Very well □ N/A 15. How would you rate the way the doctor/nurse communicated with you?					
	-	-		-	
Poor	□ Fair	Good	□ Very Good		
16. How would you rate your involvement with the proposed treatment plan?					
Poor	□ Fair	□ Good	□ Very Good	Excellent	
After your consultation					
17. After your consultation, do you(you may tick as many boxes as applies to you)					
□ agree with and understand the diagnosis					
□ agree with the treatment plan					
□ feel confident you know what to do					
□ disagree with or don't understand the diagnosis					
□ do not agree with or understand the treatment plan					
□ feel confused about what I should do					
Anything else you would like to add about your experience today?					

Thank you for taking the time to complete this questionnaire. Please place it in the 'Feedback" box at the reception deskG