**DRS THOMAS, IQBAL & BARMADE**

**PARKGATE & THOROGATE MEDICAL CENTRES**

PATIENT QUESTIONNAIRE

We would be grateful if you could find the time to complete this questionnaire. The Doctors and staff at the practice want to provide the best possible care for our patients.

1. Are you: Male Female
2. What is your age? Are you:

 Under 20 20 to 29 30 to 39 40 to 49 50 to 59 60 or over

1. To which ethnic group do you belong?

White Black or Black British Mixed Race

Chinese Asian or Asian British Other

1. Which of the following best describes you?

Employed Unemployed Retired In Education Other

1. In the past 6 months how easy have you found the following? *Please put a tick in one circle for each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Haven’ttried | VeryEasy | Fairly easy | Not veryeasy | Not atall easy | Don’t know |
| Getting through on the phone | O | O | O | O | O | O |
| Speaking to a Doctor on the phone | O | O | O | O | O | O |
| Speaking to a Nurse on the phone | O | O | O | O | O | O |
| Obtaining test results by phone | O | O | O | O | O | O |

1. How helpful do you find the receptionists at the Surgery?

|  |  |
| --- | --- |
| Very | O |
| Fairly | O |
| Not very | O |
| Not at all | O |

1. How clean is the GP surgery?

|  |  |
| --- | --- |
| Very clean | O |
| Fairly clean | O |
| Not very clean | O |
| Not at all clean | O |
| Don’t know | O |

1. How satisfied are you with the opening hours at the surgery?

|  |  |
| --- | --- |
| Very | O |
| Fairly | O |
| Neither satisfied nor dissatisfied | O |
| Quite dissatisfied | O |
| Very dissatisfied | O |
| Don’t know opening hours | O |

1. The last time you saw a Dr at the surgery how good was the Dr at each of the following?*Please put a tick in one box for each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Verygood | Good | Neither good nor poor | Poor | Very poor | Doesn’t apply |
| Giving you enough time | O | O | O | O | O | O |
| Asking about your symptoms | O | O | O | O | O | O |
| Listening  | O | O | O | O | O | O |
| Explaining tests and treatments | O | O | O | O | O | O |
| Involving you in decisions about your care | O | O | O | O | O | O |
| Treating you with care and concern | O | O | O | O | O | O |
| Taking your problems seriously | O | O | O | O | O | O |
|  | O | O | O | O | O | O |

1. Last time you saw a Practice Nurse at the Surgery, how good did you find the Practice Nurse at each of the following?*Please put a tick in one box for each row*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Verygood | Good | Neither good nor poor | Poor | Very poor | Doesn’t apply |
| Giving you enough time | O | O | O | O | O | O |
| Asking about your symptoms | O | O | O | O | O | O |
| Listening  | O | O | O | O | O | O |
| Explaining tests and treatments | O | O | O | O | O | O |
| Involving you in decisions about your care | O | O | O | O | O | O |
| Treating you with care and concern | O | O | O | O | O | O |
| Taking your problems seriously | O | O | O | O | O | O |

Any other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would be interested in joining the Patient Participation Group (PPG) and attending the bi-monthly meeting to discuss what is happening in the practice and make suggestions then please provide your contact details below and the Practice Manager will contact you to arrange this.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Doctors, Staff and Patient Participation Group would like to thank you for taking the time to complete this questionnaire.**