Dear patient

Parkgate medical Centre is reviewing the service it provides to patients, and we’d like to ask you a few questions about how we do this. It will only take you a few minutes to complete and your views will help us to improve care for all patients.

**The answers you give will be completely anonymous and you can’t be identified in any way.**

Please complete this questionnaire and place it in the box on reception before you leave.

Many thanks for your help.

**Thinking about a recent visit to the practice, can you tick to indicate whether you agree or disagree with the following statements:**

Agree Disagree Not sure

I was treated in a way that respected my privacy [ ]  [ ]  [ ]

I was treated in a way that respected my dignity [ ]  [ ]  [ ]

I was treated in a way that respected my independence [ ]  [ ]  [ ]

I made, or was invited to make, decisions about my treatment or care [ ]  [ ]  [ ]

I was treated with consideration [ ]  [ ]  [ ]

I was treated with respect [ ]  [ ]  [ ]

If you disagree with any of the statements, can you please tell us why?

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Do you think the care or treatment you received was affected by any of the following?

 Yes, it No, it Not sure Not

 was affected wasn’t affected applicable

 Your gender [ ]  [ ]  [ ]

Your religious beliefs [ ]  [ ]  [ ]

 Your sexual orientation [ ]  [ ]  [ ]

 Your racial origin [ ]  [ ]  [ ]

 Your cultural background [ ]  [ ]  [ ]

 Your disability [ ]  [ ]  [ ]  [ ]

 Agree Disagree Not sure Not

 applicable

I was given the information I needed about my treatment or care [ ]  [ ]  [ ]  [ ]

I was given the support I needed in relation to my treatment or care [ ]  [ ]  [ ]  [ ]

I understood the treatment choices available to me [ ]  [ ]  [ ]  [ ]

I was able to discuss the risks and benefits of particular treatments [ ]  [ ]  [ ]  [ ]

I was able to express my views about what is important to me [ ]  [ ]  [ ]  [ ]

If I didn’t feel I could express my views, I was given help to [ ]  [ ]  [ ]  [ ]

communicate them

My views were taken into account when planning my care or treatment [ ]  [ ]  [ ]  [ ]

I was given opportunities to manage my own care or treatment [ ]  [ ]  [ ]  [ ]

I have been asked what I think about the services that affect my [ ]  [ ]  [ ]  [ ]

care or treatment

I was given opportunities and support to maintain my [ ]  [ ]  [ ]  [ ]

independence throughout my care or treatment

If you disagree with any of the statements, can you please tell us why?

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Is there anything else you would like to tell us about the care you have received at the practice?

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**Thank you for your help and your time.**