

## Meden Medical Services - Patient Questionnaire

1. How do you normally book your appointments?

Telephone                       In person                       Third Party Friend or Relative

2. Would you prefer the option to book appointments online?  Yes                       No

3. How helpful do you find the receptionists?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

4. Do you prefer to see a particular Doctor? If so, which?  Yes                       No

If yes, please specify Doctors name: \_\_\_\_\_

5. How often do you see the doctor of your choice?

Mostly                      Sometimes                      Never  
                                           

6. Overall how would you describe your experience of making an appointment?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

7. Thinking about the last time you saw a Doctor:

Doctors Name:

Dr Allen                      Dr Tausif                      Dr El-Salamani                      Dr McCormick  
                                                                 

Did they give you enough time?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

Listen to you?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

Explain any tests or treatments?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

Involve you in decision making?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

Treat you with care and concern?

Poor                      Acceptable                      Good                      Excellent  
                                                                 

Did you have confidence in the Doctor?                       Yes                       No if no, please specify why:

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8. If you had a query with your medication or another problem, how easy is it to speak to a Doctor?

Very Easy                      Fairly Easily                      Not Easily                      Impossible

9. Thinking about the last time you saw a Nurse or Health Care Assistant.

Nurse/HCA Name:

Deborah      Sue                  Kelly                  Trudi  
                                                     

Did they give you enough time?

Poor      Acceptable      Good      Excellent  
                                                     

Listen to you?

Poor      Acceptable      Good      Excellent  
                                                     

Explain any tests or treatments?

Poor      Acceptable      Good      Excellent  
                                                     

Involve you in decision making?

Poor      Acceptable      Good      Excellent  
                                                     

Treat you with care and concern?

Poor      Acceptable      Good      Excellent  
                                                     

Did you have confidence in the Nurse or Health Care Assistant?     Yes                   No  
if no, please specify why:

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10. Are you happy with the process for repeat prescriptions?     Yes                   No  
if no, please specify why:

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Are you interested in 6 monthly repeat dispensing service?     Yes                   No

11. Would you recommend Meden Medical Services to someone moving into the area?

Yes                   No if no, please specify why:

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12. Do you have a long term health condition?     Yes                   No

In the last 6 months have you had enough support from other local services or organisations such as Hospitals or social services etc?

Yes                   No if no, please specify why:

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13. Do you prefer to listen to the radio or watch the life channel whilst waiting for your appointment?

Radio                  Life Channel TV

14. How confident are you, that you can manage your own health?

Very Easily Not very Really  
Easily Well difficult

15. Where were you seen today?

Meden Vale Warsop

Is this your preferred site?

Yes No

16. Do you have any ideas on how we can improve our service, if yes please detail below. We encourage patients to voice any concerns or suggestions about our service to the surgery rather than just sharing with friends, family or neighbours a suggestions box is available in reception at all times.

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17. Are you:

Male Female

18. What age range best suits you:

16 – 24 25-40 50-65 65-80 80+

19. Ethnicity:

We would like to record your ethnicity. This can be helpful in understanding the pattern of certain diseases. Please tick one of the boxes below.

White – British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian – Any other ethnic group*	<input type="checkbox"/>
White – Any other Ethnic group*	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black/White Caribbean mixed	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black/White African mixed	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Asian White Mixed	<input type="checkbox"/>	Black – any other ethnic group*	<input type="checkbox"/>
Any other mixed Ethnic Groups*	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		

\* if you wish to supply additional details, enter here

20. Would you like to join the patient group?  Yes  No

If yes,

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

Address: \_\_\_\_\_ Post code: \_\_\_\_\_