

PATIENT QUESTIONNAIRE

Please could you rate these three priorities in order of importance for you (rate 1 as the most important, and 3 as the least important):

PRIORITY	IMPORTANCE TO YOU (1 = most important – 3 = least important)
RAPID access to an appointment if I need one (to speak to a Doctor/Nurse on the day)	
Enough TIME to speak to the Doctor/Nurse about my medical problems (appointment length of time)	
Being able to see THE SAME Doctor/Nurse when I need to (continuity of care).	

Additionally, we would be grateful if you could answer the following questions:

1. How satisfied are you that you can get an appointment quickly if you need one?
Score 1-5 (very dissatisfied to very satisfied)

2. How satisfied are you that your appointment time is long enough?
Score 1-5 (very dissatisfied to very satisfied)

3. How satisfied are you that you are able to see the Clinician that you want to see?
Score 1-5 (very dissatisfied to very satisfied)

4. How satisfied are you that you are able to get a prescription / sick line / letter in good time?
Score 1-5 (very dissatisfied to very satisfied)

Do you have any suggestions to improve our service?