

Below is a list of questions extracted from existing surveys which may be useful within General Practice (*some adaption will be needed*)

## THE GP PATIENT SURVEY

### A. Appointments at your GP Surgery or Health Centre

**Q1. When did you last see a Doctor at the GP Surgery ?**

In the past 3 months	<input type="radio"/>
Between 3 and 6 months ago	<input type="radio"/>
More than 6 months ago	<input type="radio"/>
I have never been seen at my present GP or Health Centre	<input type="radio"/>

**Q2. If you haven't seen a doctor in the past 6 months, why is that ?** *Please tick all the circles that apply*

I haven't need to see a doctor	<input type="radio"/>
I couldn't be seen at a convenient time	<input type="radio"/>
I couldn't get to my appointment easily	<input type="radio"/>
I didn't like or trust the doctors	<input type="radio"/>
Another reason	<input type="radio"/>

**Q3. How do you normally book your appointments to see a doctor or nurse at the Surgery ?** *Please tick all the circles that apply*

In person	<input type="radio"/>
By phone	<input type="radio"/>
By fax	<input type="radio"/>
Online	<input type="radio"/>
Digital TV	<input type="radio"/>
Doesn't apply	<input type="checkbox"/>

**Q4. Which of the following methods would you prefer to use to book an appointment at the Surgery ?** *Please tick all the circles that apply*

In person	<input type="radio"/>
By phone	<input type="radio"/>
By fax	<input type="radio"/>
Online	<input type="radio"/>
Digital TV	<input type="radio"/>
No preference	<input type="radio"/>

## B. Getting through on the phone

**Q5. In the past 6 months how easy have you found the following ? Please put a tick in one circle for each row**

	Haven't tried	Very Easy	Fairly easy	Not very easy	Not at all easy	Don't know
Getting through on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking to a Doctor on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking to a Nurse on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining test results by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## C. Seeing a Doctor

**Q6. In the past 6 months have you tried to see a Doctor fairly quickly ? By fairly quickly we mean on the same day or in the next two weekdays that the GP or Health Centre was open.**

Yes	<input type="radio"/>
No	<input type="radio"/>
Can't remember	<input type="radio"/>

**Q7. Think about the last time you tried to see a doctor fairly quickly. Were you able to see a doctor on the same day or in the next two weekdays that the GP or Health Centre was open.**

Yes	<input type="radio"/>
No	<input type="radio"/>
Can't remember	<input type="radio"/>

**Q8. If you weren't able to be seen during the next 2 weekdays that the GP or Health Centre was open, why was that? Please tick all the circles that apply**

There weren't any appointments	<input type="radio"/>
Times offered didn't suit	<input type="radio"/>
Appointment was with a Dr who I didn't want to see	<input type="radio"/>
A nurse was free but I wanted to see a Dr	<input type="radio"/>
Was offered an appointment at a difference branch of my surgery	<input type="radio"/>
Another reason	<input type="radio"/>
Can't remember	<input type="radio"/>

**Q9. In the past 6 months, have you tried to book ahead for an appointment with a Dr?**

*By 'booking ahead' we mean booking an appointment more than two weekdays in advance.*

Yes	<input type="radio"/>
No	<input type="radio"/>
Can't remember	<input type="radio"/>

**Q10. Last time you tried, were you able to get an appointment with a Dr more than 2 weekdays in advance ?**

Yes	<input type="radio"/>
No	<input type="radio"/>
Can't remember	<input type="radio"/>

#### **D. Arriving for your appointment**

**Q11. How easy do you find getting into the building at the surgery ?**

Very easy	<input type="radio"/>
Fairly easy	<input type="radio"/>
Not very easy	<input type="radio"/>
Not at all easy	<input type="radio"/>

**Q12. How clean is the GP surgery ?**

Very clean	<input type="radio"/>
Fairly clean	<input type="radio"/>
Not very clean	<input type="radio"/>
Not at all clean	<input type="radio"/>
Don't know	<input type="radio"/>

**Q13. In the Reception Area, can other patients overhear what you say to the Receptionist?**

Yes, but don't mind	<input type="radio"/>
Yes and am not happy about it	<input type="radio"/>
No, other patients can't overhear	<input type="radio"/>
Don't know	<input type="radio"/>

**Q14. How helpful do you find the receptionists at the Surgery ?**

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Not very	<input type="radio"/>
Not at all	<input type="radio"/>

**Q15. How long after your appointment time do you normally wait to be seen?**

I don't normally have appts at a specific time	<input type="radio"/>
I am normally seen on time	<input type="radio"/>
Less than 5 minutes	<input type="radio"/>
5 to 15 minutes	<input type="radio"/>
15-30 minutes	<input type="radio"/>
More than 30 minutes	<input type="radio"/>
Can't remember	<input type="radio"/>

**Q16. How do you feel about how long you normally have to wait ?**

I don't normally have to wait long	<input type="radio"/>
I have to wait a bit too long	<input type="radio"/>
I have to wait far too long	<input type="radio"/>
No opinion/doesn't apply	<input type="radio"/>

#### **E. Seeing the Doctor you prefer**

**Q17. Is there a particular Dr you prefer to see at the GP Surgery or Health Centre ?**

Yes	<input type="radio"/>
No	<input type="radio"/>
There is usually only one Dr at my GP or Health Centre	<input type="radio"/>

**Q18. How often do you see the Dr you prefer ?**

Always or most of the time	<input type="radio"/>
A lot of the time	<input type="radio"/>
Some of the time	<input type="radio"/>
Never or almost never	<input type="radio"/>
Not tried at this GP Surgery or Health Centre	<input type="radio"/>

## F. Opening Hours

**Q19. How satisfied are you with the opening hours at the surgery ?**

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Neither satisfied nor dissatisfied	<input type="radio"/>
Quite dissatisfied	<input type="radio"/>
Very dissatisfied	<input type="radio"/>
Don't know opening hours	<input type="radio"/>

**Q20. As far as know is the surgery open ... Please put a tick in each row**

	Yes	No	Sometimes	Don't know
Before 8am ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At lunchtime ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After 6.30pm ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Saturdays ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Sundays ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q21. Would you like the surgery open at additional times ?**

Yes	<input type="radio"/>
No	<input type="radio"/>

**Q22. As far as know is the surgery open ... Please put a tick in each row**

Before 8am ?	<input type="radio"/>
At lunchtime ?	<input type="radio"/>
After 6.30pm ?	<input type="radio"/>
On Saturday ?	<input type="radio"/>
On Sunday ?	<input type="radio"/>

### G. Seeing a Doctor at the GP Surgery or Health Centre

**Q23. 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**

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your problems seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q24. Did you have confidence and trust in the doctor you saw ?**

Yes, definitely	<input type="radio"/>
Yes, to some extent	<input type="radio"/>
No, not at all	<input type="radio"/>
Don't know/can't say	<input type="radio"/>

### H. Seeing a Practice Nurse at the GP Surgery or Health Centre

**Q25. How easy is it for you get an appointment with a Practice Nurse at the surgery ?**

Haven't tried	<input type="radio"/>
Very	<input type="radio"/>
Fairly	<input type="radio"/>
Not very	<input type="radio"/>
Not at all	<input type="radio"/>
Don't know	<input type="radio"/>

**Q26. 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**

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking about your symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining tests and treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involving you in decisions about your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with care and concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking your problems seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### I. Your Overall Satisfaction

**Q27. In general, how satisfied are you with the care you get at the Surgery ?**

Very	<input type="radio"/>
Fairly	<input type="radio"/>
Neither satisfied nor dissatisfied	<input type="radio"/>
Quite dissatisfied	<input type="radio"/>
Very dissatisfied	<input type="radio"/>

**Q28. Would you recommend the Surgery to someone who has just moved to your local area.?**

Yes	<input type="radio"/>
Might	<input type="radio"/>
Not sure	<input type="radio"/>
Probably not	<input type="radio"/>
Definitely not	<input type="radio"/>
Don't know	<input type="radio"/>

## J. Planning your care

**Q29. Do you have any long-standing health problem, disability or infirmity? Please include anything that has troubled you over a period of time or that is likely to affect you over a period of time.?**

Yes	<input type="radio"/>	<i>Go to Q30</i>
No	<input type="radio"/>	<i>Go to Section K</i>
Don't know/Can't say	<input type="radio"/>	<i>Go to Section K</i>

**Q30. Have you had discussions in the past 12 months with a Doctor or Nurse about how best to deal with your health problems ?**

Yes	<input type="radio"/>	<i>Go to Q31</i>
No	<input type="radio"/>	<i>Go to Q33</i>

**Q31. In these discussions.....**

	Yes	No	Don't know	N/A
Did the doctor or nurse take notice of your views about how to deal with your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse give you information about the things you might do to deal with your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you and the doctor or nurse agree how best to manage your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse give you a written document about the discussions you had about managing your health problem ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you have liked a written plan summarising your discussion with the doctor or nurse ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the doctor or nurse ever mention that you had something called a care plan ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q32. Do you think that having these discussions with your doctor or nurse has helped improve how you manage your health problems?**

Yes	<input type="radio"/>
To some extent	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>



**Q33. In the past 6 months have you had enough support from local services or organisations to help you manage your long-term health condition(s).** *Please think about all services and organisations, not just health services.*

Yes	<input type="radio"/>
To some extent	<input type="radio"/>
No	<input type="radio"/>
Don't know/can't remember	<input type="radio"/>
I have not needed such support	<input type="radio"/>

### K. Some questions about you

*The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential*

**Q34. Are you male or female ?**

Male	<input type="radio"/>
Female	<input type="radio"/>

**Q34. How old are you ?**

Under 18	<input type="radio"/>	55 - 64	<input type="radio"/>
18 – 24	<input type="radio"/>	65 - 74	<input type="radio"/>
25 – 34	<input type="radio"/>	75 - 84	<input type="radio"/>
35 – 44	<input type="radio"/>	85 and over	<input type="radio"/>
45 – 54	<input type="radio"/>		

**Q35. Which of these best describes what you are doing at present ?** *If more than one of these applies to you, please tick the main one ONLY*

Full-time paid work (30 hrs or more per week)	<input type="radio"/>	<i>Go to Q42</i>
Part-time paid work (under 30 hrs per week)	<input type="radio"/>	<i>Go to Q42</i>
Full-time education (school, college, university)	<input type="radio"/>	<i>Go to Q44</i>
Unemployed	<input type="radio"/>	<i>Go to Q44</i>
Permanently sick or disabled	<input type="radio"/>	<i>Go to Q44</i>
Fully retired from work	<input type="radio"/>	<i>Go to Q44</i>
Looking after the home	<input type="radio"/>	<i>Go to Q44</i>
Doing something else	<input type="radio"/>	<i>Go to Q44</i>

**Q36. In general, how long does your journey take from home to work (door to door) ?**

Up to 30 mins	<input type="radio"/>
30 – 60 mins	<input type="radio"/>
More than 1 hr	<input type="radio"/>
I live on-site	<input type="radio"/>

**Q37. If you need to see a doctor at your GP surgery or health centre during your typical working hours, can you take time away from your work to do this ?**

Yes	<input type="radio"/>
No	<input type="radio"/>

**Q38. In general, would you say that your health is ...**

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>
Poor	<input type="radio"/>

**Q39. Do you have any of the following conditions? Please include problems due to old age. Please tick all the boxes that apply to you**

Deafness or severe hearing impairment	<input type="radio"/>
Blindness or severe visual impairment	<input type="radio"/>
A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, lifting or carrying	<input type="radio"/>
A learning difficulty	<input type="radio"/>
A long-standing psychological or emotional condition	<input type="radio"/>
Other, including any long-standing illness	<input type="radio"/>
I do not have a long-standing condition	<input type="radio"/>

**Q40. Are you a deaf person who uses sign language ?**

Yes	<input type="radio"/>
No	<input type="radio"/>

**Q41. Are you a parent or a legal guardian of any children aged under 16 years currently living in your home ?**

Yes	<input type="radio"/>
No	<input type="radio"/>

**Q42. Do you have carer responsibilities for anyone in your household with a long-standing health problem or disability ?**

Yes	<input type="radio"/>
No	<input type="radio"/>

**The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.**

**Q43. What is your ethnic group?** (*Chose one section from A to E below, then select the appropriate option to indicate your ethnic group*)

**A. White**

British	<input type="radio"/>
Irish	<input type="radio"/>
Any other white background	<input type="radio"/>

**B. Mixed**

White & Black Caribbean	<input type="radio"/>
White & Black African	<input type="radio"/>
White & Asian	<input type="radio"/>
Any other Mixed background	<input type="radio"/>

**C. Asian or Asia British**

Indian	<input type="radio"/>
Pakistani	<input type="radio"/>
Bangladeshi	<input type="radio"/>
Any other Asian background	<input type="radio"/>

**D. Black or Black British**

Caribbean	<input type="radio"/>
African	<input type="radio"/>
Any other Black background	<input type="radio"/>

**E. Chinese or other ethnic group**

Chinese	<input type="radio"/>
Any other ethnic group	<input type="radio"/>

**Q44. Which of the following best describes how you think of yourself ?**

Heterosexual/straight	<input type="radio"/>
Gay/Lesbian	<input type="radio"/>
Bisexual	<input type="radio"/>
Other	<input type="radio"/>
I would prefer not to say	<input type="radio"/>

**Q45. Which of the following best describes your religion ?**

None	<input type="radio"/>
Buddhist	<input type="radio"/>
Christian (incl. Church of England, Catholic, Protestant & other Christian denominations)	<input type="radio"/>
Hindu	<input type="radio"/>
Jewish	<input type="radio"/>
Muslim	<input type="radio"/>
Sikh	<input type="radio"/>
Other	<input type="radio"/>
Prefer not to say	<input type="radio"/>

*Source: Ipsos Mori GP Patient survey*

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## NHS IN-PATIENT QUESTIONNAIRE

*(some of these questions may be helpful to amend for general practice)*

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### OVERALL

**Q1. Did you feel you were treated with respect and dignity while you were in the surgery ?**

Yes, always	<input type="radio"/>
Yes, sometimes	<input type="radio"/>
No	<input type="radio"/>

### OVERALL

**Q2. How would you rate how well the doctors and nurses worked together ?**

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>
Poor	<input type="radio"/>

### OVERALL

**Q3. How would you rate the care you received ?**

Excellent	<input type="radio"/>
Very good	<input type="radio"/>
Good	<input type="radio"/>
Fair	<input type="radio"/>
Poor	<input type="radio"/>

## ABOUT YOU

### YOUR OWN HEALTH TODAY ?

By ticking in one box in each group below, please indicate which statements best describe your own health today ?

#### Q4. Mobility

I have no problems in walking around	<input type="radio"/>
I have some problems in walking about	<input type="radio"/>
I am confined to bed	<input type="radio"/>

#### Q5. Self-care

I have no problems with self care	<input type="radio"/>
I have some problems washing or dressing myself	<input type="radio"/>
I am unable to wash or dress myself	<input type="radio"/>

#### Q6. Usual Activities (e.g. work study, housework, family or leisure activities)

I have no problems with performing my usual activities	<input type="radio"/>
I have some problems performing my usual activities	<input type="radio"/>
I am unable to perform my usual activities	<input type="radio"/>

#### Q7. Pain/Discomfort

I have no pain or discomfort	<input type="radio"/>
I have moderate pain or discomfort	<input type="radio"/>
I have extreme pain or discomfort	<input type="radio"/>

#### Q8. Anxiety/Depression

I am not anxious or depressed	<input type="radio"/>
I am moderately anxious or depressed	<input type="radio"/>
I am extremely anxious or depressed	<input type="radio"/>

**Q9. Do you have any of the following long-standing conditions** *(tick ALL that apply)*

Deafness or severe hearing impairment	<input type="checkbox"/>
Blindness or partially sighted	<input type="checkbox"/>
A long-standing physical condition	<input type="checkbox"/>
A learning disability	<input type="checkbox"/>
A mental health condition	<input type="checkbox"/>
A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	<input type="checkbox"/>
I do not have a long-standing condition	<input type="checkbox"/>

**Q10. Does this condition(s) cause you difficulty with any of the following ?**  
*(Tick ALL that apply)*

Everyday activities that people your age can usually do	<input type="checkbox"/>
At work, in education or training	<input type="checkbox"/>
Access to buildings, streets or vehicles	<input type="checkbox"/>
Reading or writing	<input type="checkbox"/>
People's attitudes to you because of your condition	<input type="checkbox"/>
Communicating, mixing with others or socialising	<input type="checkbox"/>
Any other activity	<input type="checkbox"/>
No difficulty with any of these	<input type="checkbox"/>

**OTHER COMMENTS**

If there is anything else you would like to tell us about your experience in hospital please do so here

Was there anything particularly good about your hospital visit ?

Was there anything that could be improved ?

Any other comments ?

*Source: Picker Institute Europe. Copyright 2010. In-patient\_2010\_core\_questionnaire\_v1\_26/08/10. Developed by the Picker Institute on behalf of CQC*



## THE NATIONAL SURVEY OF NHS PATIENTS

### B2. VISITING YOUR GP

How many days do you usually have to wait to get an appointment with the GP of your choice ? *(tick one only)*

My GP does not have an appointment system	<input type="radio"/>
Don't usually get an appointment with the GP of my choice	<input type="radio"/>
Same day	<input type="radio"/>
Next day	<input type="radio"/>
Two days	<input type="radio"/>
Three days	<input type="radio"/>
4-7 days	<input type="radio"/>
8 days or longer	<input type="radio"/>
Don't know	<input type="radio"/>

### B3. VISITING YOUR GP

In the last 12 months have the receptionists ever made it difficult for you to see or talk to a GP ? *(tick one only)*

Yes, once	<input type="radio"/>
Yes, more than once	<input type="radio"/>
No, not at all	<input type="radio"/>
Not had contact with a Receptionist	<input type="radio"/>

### B4. VISITING YOUR GP

Over the last 12 months when you visited your GP Surgery, how often has the Dr given you enough information about your condition or treatment ? *(tick one only)*

All of the time	<input type="radio"/>
Most of the time	<input type="radio"/>
Some of the time	<input type="radio"/>
Never or hardly ever	<input type="radio"/>

**C7. YOUR LAST VISIT TO A GP****On that occasion, how much time did you spend with the Dr** *(tick one only)*

Less than 5 mins	<input type="radio"/>
Between 5 & 9 mins	<input type="radio"/>
10 – 19 mins	<input type="radio"/>
20 – 29 mins	<input type="radio"/>
30-39 mins	<input type="radio"/>
40 mins or longer	<input type="radio"/>
Can't remember	<input type="radio"/>

**C8. YOUR LAST VISIT TO A GP****In your opinion was this the right amount of time (too little/too much)** *(tick one only)*

Right amount	<input type="radio"/>
Too little	<input type="radio"/>
Too much	<input type="radio"/>

**C9. YOUR LAST VISIT TO A GP****On that occasion, in your opinion did the Dr know enough about your condition or treatment** *(tick one only)*

Knew enough	<input type="radio"/>
Something but not enough	<input type="radio"/>
Little or nothing	<input type="radio"/>
Can't say	<input type="radio"/>

**C10. YOUR LAST VISIT TO A GP****On that occasion, did the Dr answer the questions that you asked** *(tick one only)*

Yes	<input type="radio"/>
Some	<input type="radio"/>
None	<input type="radio"/>
I did not ask any	<input type="radio"/>

**C11. YOUR LAST VISIT TO A GP**

Did you feel able to ask as many questions as you wanted (*tick one only*)

Yes	<input type="radio"/>
No	<input type="radio"/>

**C12. YOUR LAST VISIT TO A GP**

On that occasion do you feel that the Dr took appropriate action to deal with the reason(s) for your treatment (that is, gave you right medicine, treatment, tests, advice etc) (*tick one only*)

There was no need to take any action	<input type="radio"/>
Yes, appropriate action taken	<input type="radio"/>
No	<input type="radio"/>
Can't say	<input type="radio"/>

**C13. YOUR LAST VISIT TO A GP**

Did the Dr explain the reasons for that action in a way that you found easy or difficult to understand (*tick one only*)

Very easy to understand	<input type="radio"/>
Fairly easy	<input type="radio"/>
Fairly difficult	<input type="radio"/>
Very difficult	<input type="radio"/>
Reasons not explained at all	<input type="radio"/>

**C14. YOUR LAST VISIT TO A GP**

On that occasion did you want a second opinion from another Dr (either a GP or Specialist) (*tick one only*)

No	<input type="radio"/>
Yes, I wanted a second opinion but did not ask	<input type="radio"/>
I asked and got a second opinion	<input type="radio"/>
I asked but was refused	<input type="radio"/>

**D1. THE NURSES AT YOUR GP SURGERY**

In the last 12 mths have you seen a nurse at your GP surgery on your own behalf (do not include visits to a nurse on behalf of a child or another adult)

Yes	<input type="radio"/>	Go to D2
No/There is no nurse at my GP surgery	<input type="radio"/>	Go to E1

**D2. THE NURSES AT YOUR GP SURGERY**

Thinking about the last time you saw a nurse at your GP surgery on your own behalf in your opinion did the nurse know enough about your condition or treatment (*tick one only*)

Yes	<input type="radio"/>
Something but no enough	<input type="radio"/>
Little or nothing	<input type="radio"/>
Can't say	<input type="radio"/>

**D3. THE NURSES AT YOUR GP SURGERY**

On that occasion did the nurse answer the questions that you asked? (*tick one only*)

Yes	<input type="radio"/>
Some	<input type="radio"/>
None	<input type="radio"/>
I did not ask any	<input type="radio"/>

**D4. THE NURSES AT YOUR GP SURGERY**

On that occasion do you feel that the nurse took appropriate action to deal with the reason(s) for your visit (that is, gave you the right medicine, treatment, tests, advice etc.) (*tick one only*)

There was no need to take action	<input type="radio"/>
Yes	<input type="radio"/>
No	<input type="radio"/>
Can't say	<input type="radio"/>

**D5. THE NURSES AT YOUR GP SURGERY**

Did the nurse explain the reason for that action in a way that you found easy or difficult to understand (tick one only)

Very easy to understand	<input type="radio"/>
Fairly easy to understand	<input type="radio"/>
Fairly difficult to understand	<input type="radio"/>
Very difficult to understand	<input type="radio"/>
Reasons were not explained at all	<input type="radio"/>

**F1. YOUR VIEWS OF YOUR SURGERY**

In the past 12 months, have you ever put off going to see a Dr because the surgery times at your present practice are inconvenient for your ?

Yes	<input type="radio"/>
No	<input type="radio"/>

**F2. YOUR VIEWS OF YOUR SURGERY**

The next questions are about things which may or may not happen when you contact the surgery or see a GP. When answering, please think about the GP you see most often. For each question, please put a tick in the box which shows how often it happens ? Please all questions by ticking one box on each line

	All the time	Most of the time	Some of the time	Never or hardly ever	Can't say
Does your GP take your opinions seriously?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to get a seat in the waiting room at your GP Surgery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your GP listen to you no matter how busy he(s) is?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your GP know what treatment is best for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your GP treat you with courtesy and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the Receptionists as helpful as you think they should be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your GP make the right diagnosis (in your opinion)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you get through to your GP surgery on the telephone on your first attempt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your GP treat you as you would wish when giving you a physical examination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F3. YOUR VIEWS OF YOUR SURGERY****In your opinion how much does your GP know about your medical history?***(tick one box only)*

A lot	<input type="radio"/>
Fair amount	<input type="radio"/>
A little	<input type="radio"/>
Nothing	<input type="radio"/>

**F4. YOUR VIEWS OF YOUR SURGERY****In your opinion how easy or difficult would it be for people with disabilities to move around your GP surgery? *(tick one box only)***

Very easy	<input type="radio"/>
Fairly easy	<input type="radio"/>
Fairly difficult	<input type="radio"/>
Very difficult	<input type="radio"/>
Don't know	<input type="radio"/>

**F7. YOUR VIEWS OF YOUR SURGERY****In the last 12 mths have you felt like making a complaint about a GP, Nurse, Receptionist or other member of staff at your GP Surgery? *(tick one box only)***

Yes and I have made at least 1 complaint	<input type="radio"/>	Go to F8
Yes, but I have not made a complaint	<input type="radio"/>	Go to G1
No	<input type="radio"/>	Go to G1

**F8. YOUR VIEWS OF YOUR SURGERY****Who have you complained about in the last 12 months ? *(tick all that apply)***

A GP/Doctor	<input type="radio"/>
A nurse at the GP surgery	<input type="radio"/>
A Receptionist	<input type="radio"/>
Other staff at GP surgery	<input type="radio"/>

## F9. YOUR VIEWS OF YOUR SURGERY

The last time you made a complaint was it sorted out to your satisfaction ?

*(tick one only)*

Yes	<input type="radio"/>
No	<input type="radio"/>
To early to say	<input type="radio"/>

## H2. OTHER HEALTH SERVICES

In the last 12 mths have you used any of the health services below instead of using similar services which might be available at your surgery ? *(tick all that apply)*

- |   |                       |          |
|---|-----------------------|----------|
| None of these                                     | <input type="radio"/> | Go to J1 |
| Going to A & E at a hospital (instead of your GP) | <input type="radio"/> | Go to H3 |
| NHS Direct (24 hr telephone helpline)             | <input type="radio"/> | Go to H3 |
| NHS Walk-in Centre                                | <input type="radio"/> | Go to H3 |
| Private Dr (that is not through the NHS)          | <input type="radio"/> | Go to H3 |
| Family Planning Clinic                            | <input type="radio"/> | Go to H3 |
| Counsellor  | <input type="radio"/> | Go to H3 |
| Chiropractor                                      | <input type="radio"/> | Go to H3 |
| Physiotherapist                                   | <input type="radio"/> | Go to H3 |

*Source: National Centre for Social Research*

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## THE GENERAL PRACTICE ASSESSMENT QUESTIONNAIRE (GPAQ)

### Thinking of when you have wanted to see a particular Dr (tick one box only)

	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	Within 5 or more working days	Does not apply
How quickly do you usually get to see that Dr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
How do you rate this ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Thinking of times when you are willing to see any Dr (tick one box only)

	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	Within 5 or more working days	Does not apply
How quickly are you usually seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
How do you rate this ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Yes	No	Don't know/ never necessary			
If you need to see a GP urgently, can you normally get an appointment for the same day		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			





**Thinking about the nurse you have seen, how do you rate the following**

	Very poor	Poor	Fair	Good	Very good	Excellent
How well he/she listens to you ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of care provided ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well he/she explains your health problems or any treatment needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Source: National Primary Care Research & Development Centre, University of Manchester & Safran/NEMCH*

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## FR3DOM HEALTH

	Not very easy	Fairly easy	Very easy	
How easy was it to get an appointment for the time you wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	No	Did not want specific GP	Yes	
Were you able to see the GP you wanted to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Not very easy	Fairly easy	Very easy	
How easy was it to get an appointment with the GP you wanted to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Prefer not to say	Not at all important	Fairly important	Very important
How important is it to you that you see a specific GP when coming to this practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very well	Quite well	Not at all well	Not very well
How well do you know which days of the week your GP is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## NHS PATIENT FEEDBACK

	4 wks	3 wks	2 wks	1 wk	
How far in advance would you like to be able to book an appointment ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	TV screens	Leaflets	Walls displays	Text Service	Open Days
How do you rate this ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you every missed an appointment because ?	I had recovered	I forgot	I was delayed by traffic	Too difficult to cancel	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you like to be reminded about your appointment	By text	Personal call	Appt care	Too difficult to cancel	Other
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to book an appointment when you need one ?	Always	Most of time	Usually	Sometimes	Never
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed appointments are a problem for the practice. Can you easily contact the practice when you wish to cancel an appointment ?	Always	Most of time	Usually	Sometimes	Never
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the way in which the surgery provides me with health information is inadequate	Strongly agree	Agree	Partly agree	Disagree	Strongly disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough information about the services on offer	Strongly agree	Agree	Partly agree	Disagree	Strongly disagree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The surgery adequately covers the whole range of health services I require

Strongly agree	Agree	Partly agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following do you use to find out information about the surgery practice

Website	Tel	Newsletter	Email	Notice Board	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you know that you can book an appt with your GP on-line ?

Yes	No
<input type="radio"/>	<input type="radio"/>

Did you know that you can book a telephone consultation with a GP of choice whenever they are working in the practice ?

Yes	No
<input type="radio"/>	<input type="radio"/>

Have you every had a telephone consultation ?

Yes	No
<input type="radio"/>	<input type="radio"/>

Was the consultation for

New urgent problem	New routine problem	Follow up	Not got f2f appt	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did the GP phone you when you expected

Yes	No
<input type="radio"/>	<input type="radio"/>

Was the GP able to deal with your problem by phone

Yes	No
<input type="radio"/>	<input type="radio"/>

Following the telephone consultation did you require a follow up ?

Yes	No
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		<input type="radio"/>	<input type="radio"/>											
Would you use a telephone conversation again ?	Yes	<input type="radio"/>	No	<input type="radio"/>										
		<input type="radio"/>		<input type="radio"/>										
Which sort of consultation do you prefer	Yes	<input type="radio"/>	No	<input type="radio"/>										
		<input type="radio"/>		<input type="radio"/>										
Would you consider making an appointment for a telephone consultation in future	Yes	<input type="radio"/>	No	<input type="radio"/>										
		<input type="radio"/>		<input type="radio"/>										
What situation would you use a telephone consultation for ?	New urgent problem	<input type="radio"/>	New routine problem	<input type="radio"/>	Follow up	<input type="radio"/>	Not got f2f appt	<input type="radio"/>	Other					
		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>					
Overall, how satisfied are you with the care you get at this GP Surgery ?	Prefer not to say	<input type="radio"/>	Not at all satisfied	<input type="radio"/>	Not very satisfied	<input type="radio"/>	Fairly satisfied	<input type="radio"/>	Very satisfied					
		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>					
Gender	Prefer not to say	<input type="radio"/>	Not at all satisfied	<input type="radio"/>										
		<input type="radio"/>		<input type="radio"/>										
Age	75+	<input type="radio"/>	65-74	<input type="radio"/>	55-64	<input type="radio"/>	45-54	<input type="radio"/>	35-44	<input type="radio"/>	25-34	<input type="radio"/>	16-24	<input type="radio"/>

Source: NHS/Dr Foster

**Link to 'Survey Monkey' Smart Survey Design:**  
<http://s3.amazonaws.com/SurveyMonkeyFiles/SmartSurvey.pdf>