

PATIENT FEEDBACK FORM



DATE of APPT _____

Site & Clinician _____

To which of these ethnic groups would you say you belong?

White	Mixed	Asian or Asian British	Black or Black British	Arab
<input type="checkbox"/> British	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> African	<input type="checkbox"/> North African
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Eastern European	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other
<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other (please state)		<input type="checkbox"/> Chinese

Year of Birth _____ I do not wish to disclose

1 Were you given a choice of appointment time?

Yes

No, but I did not need/want a choice

No, but I would have liked a choice

Don't know / can't remember

2 Before your appointment did you know what to expect during your appointment?

Yes, definitely

Yes, to some extent

No

3 I felt well informed and involved in my care

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

4 Were you given enough privacy when being examined?

Yes, definitely

Yes, to some extent

No

5 Overall, how satisfied are you with the care you received?

Highly satisfied

Fairly Satisfied

Neutral

Dissatisfied

Highly dissatisfied

6 How likely are you to recommend our service to friends and family if they needed similar care or treatment

Extremely likely

Very likely

Neither likely nor unlikely

Unlikely

Extremely unlikely Don't know

Other comments (Please feel free to write on the back of this form for continuation of A and/or B)

A - Was there anything particularly good during your visit?

B - Was there anything that could be improved?