Dr M Theivendra MBBS (Cey), LRCP, LRCS
Dr A Dharman MBBS BSc MRCGP
Dr F J Yurrita MBBS (Spain)
The Town Surgery,
37 Cecil Road, Enfield,
Middlesex, EN2 6TJ
Tel: 020 3002 6002
Fax: 0844 477 3717

PATIENT QUESTIONNAIRE

Dear Patient,

We would be grateful if you would complete this survey about your general practice (GP) and your visit to the surgery today.

Please kindly answer the question and once completed please hand back to reception staff.

Please do not write your name on this questionnaire

Please mark the box like this ☑ with a ball point pen.
If you change your mind just cross out your old response and make your new choice.

For Dr Theivendra| Dharman| Yurrita [Please underline the Dr you have seen today]

1. Are you filling in the questionnaire for:

   ☐ Yourself ☐ Your Child ☐ Your Spouse or partner ☐ Another relative/ friend

2. How do you rate the way you are treated by the receptionists

   ☐ Poor ☐ Fair ☐ Good ☐ Very Good

3. How do you rate the hours that the practice is open for appointments

   ☐ Poor ☐ Fair ☐ Good ☐ Very Good

4. How quickly do you get an appointment with your Dr?

   ☐ Same Day ☐ Next Day ☐ Within 2/3 days ☐ Within 4/5 days

5. If you need to see your GP urgently, can you normally get seen on the same day?

   ☐ Yes ☐ Sometimes ☐ No If no how long did you have wait_______

6. When you phone through to the surgery, how would you rate the ability to get through

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Never Tried

7. Ability to speak to the doctors during the telephone consultation hours?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Never Tried

8. How good was your doctor at each of the following (Please tick one box in each line)

	Poor	Less then satisfactory	Satisfactory	Good	Very good
a) Being polite	☐	☐	☐	☐	☐
b) Making you feel at ease	☐	☐	☐	☐	☐
c) Listening to you	☐	☐	☐	☐	☐
d) Assessing your condition and treatment	☐	☐	☐	☐	☐
e) Involving you in decisions about your treatment	☐	☐	☐	☐	☐
f) Providing or arranging treatment for you	☐	☐	☐	☐	☐

The next questions will provide us with some basic information about who took part in the survey. If you are filling in this in on behalf of a child or a patient with a disability, please provide details about the patient.

9. Are you: ☐ Female ☐ Male

10. Age: ☐ Under 15 ☐ 15-20 ☐ 21-40 ☐ 40-60 ☐ 60 and over

11. What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background

A White	**B Mixed**	**C Asian**	**Other**
☐ British	☐ White & Black Caribbean	☐ Indian	☐
☐ Irish	☐ White & Black African	☐ Pakistani	Please State
☐ Any other white	☐ White & Asian	☐ Bangladeshi	____________