

THE LAW MEDICAL GROUP PRACTICE

Patient Questionnaire – Accessing Our Services

Section A: In Person

1. How helpful do you find the receptionists at the practice? (Please tick)

| | | | | |
|--------------|----------------|------------------|--------------------|------------|
| Very Helpful | Fairly Helpful | Not Very Helpful | Not At All Helpful | Don't Know |
|--------------|----------------|------------------|--------------------|------------|

Section B: By Telephone

2. How easy is it to get through to someone at the practice on the phone? (Please tick)

| | | | | | |
|-----------|-------------|---------------|-----------------|------------|---------------|
| Very Easy | Fairly Easy | Not Very Easy | Not At All Easy | Don't Know | Haven't Tried |
|-----------|-------------|---------------|-----------------|------------|---------------|

3. How helpful do you find the telephonists at the practice? (Please tick)

| | | | | |
|--------------|----------------|------------------|--------------------|------------|
| Very Helpful | Fairly Helpful | Not Very Helpful | Not At All Helpful | Don't Know |
|--------------|----------------|------------------|--------------------|------------|

Section C: Online

4. Do you feel the practice website is user friendly? (Please tick)

| | | | | | |
|--------------------|----------------------|------------------------|--------------------------|------------|---------------|
| Very User Friendly | Fairly User Friendly | Not Very User Friendly | Not At All User Friendly | Don't Know | Haven't Tried |
|--------------------|----------------------|------------------------|--------------------------|------------|---------------|

5. What recommendations would you make to improve the website?

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6. How can we use the practice website to improve communication with our patients?

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Section D: Additional

7. Would it be useful for the practice to produce a newsletter for our patients?
(Please tick)

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

8. Would you like to receive more information on the appropriate service to access when our surgery is closed? (Please tick)

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

9. Would you like to receive more information on local services? (Please tick)

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

10. What suggestions can you make to improve our communication with our patients?

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11. By which method would you prefer to communicate with the practice? (Please tick)

| | | | | |
|--------------|-----------|---------------|--------|--------------|
| Face to Face | Telephone | Email/Website | Letter | Text Message |
|--------------|-----------|---------------|--------|--------------|

Demographics:

| | | | | | |
|--|----------|----------|----------|------------------------|------------|
| What is your gender? (Please tick) | Male | Female | | | |
| What is your age? (Please tick) | Under 16 | 16 to 44 | 45 to 64 | 65 to 74 | 75 or over |
| Do you have a longstanding health condition? (Please tick) | Yes | No | | Can't say / Don't know | |
| Are you a carer? (Please tick) | Yes | | No | | |

| | | | | | | |
|---|-------|------------------------|------------------------|-------|---------|--------------------|
| What is your ethnicity? (Please tick) | White | Black or Black British | Asian or Asian British | Mixed | Chinese | Other ethnic group |
|---|-------|------------------------|------------------------|-------|---------|--------------------|

Thank you for taking the time to provide us with your valuable feedback.