

# THE LAW MEDICAL GROUP PRACTICE

## Patient Questionnaire – Respiratory Clinic

1. How satisfied were you with your experience of respiratory clinic today?  
(Please tick)

Highly Satisfied	Satisfied	Not satisfied	Not at all satisfied	Don't know
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2. How good was the last Nurse you saw at each of the following? (Please tick)

	Very good	Good	Fair	Poor	Very Poor	Does not apply
Asking about your symptoms						
Building your confidence and trust						
Giving you enough time						
Listening to you						
Explaining tests and treatments						
Involving you in decisions about your care						
Treating you with care and concern						

3. Were you given a management plan for your COPD or asthma? (Please tick)

Yes	No
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4. Are you confident in knowing what to do if your chest symptoms worsen?  
(Please tick)

Very Confident	Fairly Confident	Not Confident	Not at all Confident	Don't know
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5. How easy was it to get an appointment for this clinic? (Please tick)

Very Easy	Fairly Easy	Not easy	Not at all easy	Don't know
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6. How could we improve this clinic?

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Demographics:

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