

Call Number.....

Dear Patient/Guardian

Frendoc is keen to maintain a high standard of service. In order for us to achieve this we ask a sample of patients to give their opinions about the service. Please note that because of the confidential nature of the sample, the questionnaire will go out to all ages of patient. We would appreciate the form being filled out by a parent or carer if necessary. Frendoc is not always aware of the outcome when further treatment is required, or if a patient is admitted to hospital. We apologise in advance for any distress that this questionnaire may cause.

Please could you score the following aspects of our service

1 – Unacceptable, 2 - Poor, 3 –Satisfactory 4 – Good, 5 – Excellent

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|---|-----|----|---------------------------------------|---|---|
| 1. The ease of contacting the Frendoc service | 1 | 2 | 3 | 4 | 5 |
| 2. The call handler's attitude and explanation of what would happen next | 1 | 2 | 3 | 4 | 5 |
| 3. How long it took for a member of staff to call you back | 1 | 2 | 3 | 4 | 5 |
| 4. The welcome you received from the receptionist | 1 | 2 | 3 | 4 | 5 |
| 5. Did your appointment start on time? If no, how long did you have to wait? (please circle) | Yes | No | 1-15 mins, 16 – 30 mins, over 30 mins | | |
| 6. The warmth of the clinician's manner | 1 | 2 | 3 | 4 | 5 |
| 7. How well they listened and explained things to you | 1 | 2 | 3 | 4 | 5 |
| 8. The clinician's examination of you | 1 | 2 | 3 | 4 | 5 |
| 9. The opportunity to express any concerns or fears you had | 1 | 2 | 3 | 4 | 5 |
| 10. The advice on actions to take should your condition not improve | 1 | 2 | 3 | 4 | 5 |
| 11. After your call to Frendoc, what happened? (please circle) | | | | | |
| a) I needed no further action as I could now manage my symptoms | | | | | |
| b) I needed to visit my GP | | | | | |
| c) Frendoc referred me to hospital | | | | | |
| d) My GP referred me to hospital | | | | | |
| e) I needed a different medicine to what Frendoc gave me | | | | | |
| f) Other..... | | | | | |
| 12. If you became ill again would you contact Frendoc? | Yes | No | | | |
| 13. Overall satisfaction with the service on this occasion | 1 | 2 | 3 | 4 | 5 |
| 14. Would you recommend Frendoc to a family member or a friend? If no, why not? | Yes | No | | | |

Please use the overleaf page to provide us with comments on your experiences or how the service could improve.

Please return this form to Joanne Rowse, Head of Governance and Quality at Frendoc, Frendoc, Unit 3 Eclipse Office Park, High Street, Staple Hill, Bristol, BS16 5EL