

Patient's Name.....

Address.....

Date of birth.....

Today's date.....

Dear Patient/Guardian

Freudoc is keen to hear the views of the patient's and their families who use the Freudoc service. Please could you take a moment to fill in this questionnaire following your visit and seal it in the envelope provided or post it back to the Freudoc office. We have asked for personal details on this form, this is to enable us to identify which members of staff provided your care. This information will be treated in the strictest of confidence.

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. When you contacted the service, the call handler's attitude towards you | 1 | 2 | 3 | 4 | 5 |
| 2. The call handler's explanation of what would happen next | 1 | 2 | 3 | 4 | 5 |
| 3. How long it took for a member of the medical team to call you back | 1 | 2 | 3 | 4 | 5 |
| 4. The welcome you received from the receptionist on arrival | 1 | 2 | 3 | 4 | 5 |
| 5. The length of time you had to wait before you were seen by a clinician | 1 | 2 | 3 | 4 | 5 |
| 6. The clinician's attitude towards you and your family | 1 | 2 | 3 | 4 | 5 |
| 7. How well they listened to you | 1 | 2 | 3 | 4 | 5 |
| 8. Their explanation of things to you | 1 | 2 | 3 | 4 | 5 |
| 9. The clinician's examination | 1 | 2 | 3 | 4 | 5 |
| 10. The opportunity to express any concerns or fears that you had | 1 | 2 | 3 | 4 | 5 |
| 11. The advice on actions to take should the symptoms not improve | 1 | 2 | 3 | 4 | 5 |
| 12. The quality of information provided to you on the Freudoc Information screen | 1 | 2 | 3 | 4 | 5 |
| 13. Overall satisfaction with the service | 1 | 2 | 3 | 4 | 5 |

Please provide us with comments on your experiences today or how the service could improve, (continue on the reverse of the sheet if necessary)