

Clifton Medical Centre Patient Questionnaire

Dear patient

Clifton Medical Centre is undertaking a review of the care and service it provides to patients.

We would be grateful if you could take a couple of minutes to fill in the questionnaire below and **return it using the prepaid envelope provided within the next two weeks**. The practice would welcome any comments you wish to make, both positive and negative.

You cannot be identified in any way; your comments will be completely anonymous.

Many thanks for your help.

Thinking about a recent visit to the practice, can you tick to indicate whether you agree or disagree with the following statements:

	Agree	Disagree	Not sure	Not applicable
I was treated in a way that respected my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was treated in a way that respected my dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was treated in a way that respected my independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I made, or was invited to make, decisions about my treatment or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you disagree with any of the statements, can you please tell us why?

Do you think the care or treatment you received was affected by any of the following?

	Yes, it was affected	No, it wasn't affected	Not sure	Not applicable
Your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your racial origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Your disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thinking about a recent visit to the practice, can you tick to indicate whether you agree or disagree with the following statements:

	Agree	Disagree	Not sure	Not applicable
I was given the information I needed about my treatment or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the support I needed in relation to my treatment or care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the treatment choices available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to discuss the risks and benefits of particular treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to express my views about what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I didn't feel I could express my views, I was given help to communicate them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My views were taken into account when planning my care or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given opportunities to manage my own care or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been asked what I think about the services that affect my care or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given opportunities and support to maintain my independence throughout my care or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you disagree with any of the statements, can you please tell us why?

Where would you usually look for information about the practice e.g. opening times etc?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Practice website | <input type="checkbox"/> NHS Choices |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Notice board |
| <input type="checkbox"/> Other (please specify) | _____ | |

Were you aware we offered the following services in the practice?

	Heard of	Used myself	Not heard of
Advanced Nurse Practitioner Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient access appointment availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol & Drugs advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Heard of	Used myself	Not heard of
Dietitian advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Woman Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 40's health checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Participation Group Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever used the practice website? (www.cliftonmedicalcentre.co.uk)

Yes No Can't remember

If yes, how would you rate it? Please circle:

(very good) 10 9 8 7 6 5 4 3 2 1 (very poor)

Were you aware you could do the following using the practices website?

	Heard of	Used myself	Not heard of
Request prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient access – limited availability to make appointments on line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to tell us about the care you have received at the practice?

Thank you for completing this questionnaire.

Please now return it using the pre-paid envelope provided.