It would help us greatly to know what you think of the service you received today.

Please tick the box appropriate to your response and hand in to Reception in the envelope provided.

1. Did I or my colleagues provide appropriate treatment for you when you required it?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at | Not enough | Sometimes | Most of the time | All of the time |

1. Did I listen carefully to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Did I treat you politely with respect and dignity?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Did I keep your personal information confidential?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Did I explain your condition & treatment to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Did you feel enough at ease to raise all the concerns you might have?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Did I assess your condition, treatment & personal needs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Do you have trust and confidence in what I have said and done for you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Were you involved in deciding what was in your care plan including your treatment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |

1. Overall, were you satisfied with the service you received from me?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Not enough | Sometimes | Most of the time | All of the time |