**About You:**

**Do you have any of the following conditions? *Please tick all boxes that apply to you*.**

|  |  |
| --- | --- |
| Deafness or severe hearing impairment |  |
| Blindness or severe visual impairment |  |
| A condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, lifting or carrying |  |
| A learning difficulty |  |
| A long-standing psychological or emotional condition |  |
| Other, including any long-standing illness |  |
| I do not have a long-standing condition |  |

|  |  |
| --- | --- |
| Female |  |
| Male |  |

**Are you:**

**Aged:**

|  |  |
| --- | --- |
| Under 16 |  |
| 17 – 24 |  |
| 25 – 34 |  |
| 35 – 44 |  |
| 45 – 54 |  |
| 55 – 64 |  |
| Over 65 |  |

**What is your ethnic group?** Please Tick

|  |  |  |
| --- | --- | --- |
| White | British |  |
|  | Irish |  |
|  | Any other White |  |
| Black or Black British | Caribbean |  |
|  | African |  |
|  | Any other Black |  |
| Mixed | White & Black Caribbean |  |
|  | White & Black African |  |
|  | White & Asian |  |
|  | Any other Mixed |  |
| Asian or Asia British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Any other Asian |  |
| Chinese or Other | Chinese |  |
|  | Any other ethnic group |  |

Thank you for taking the time to complete this questionnaire.

Your feedback is vital to the practice making changes.

All answers are held in the strictest confidence.

**Appendix 12**

**The Grange, Greenview & Kinsley Medical Centres**

**Patient Reference Group –**

**Patient Experience Questionnaire 2014**

This experience questionnaire will help you think about how you feel at different stages in your journey. We will use this information to improve the service we provide.

How to complete it:

Accessing your appointment

**Your journey stage**

Think about each stage of your journey for this appointment.

Respected

Pleased

Valued **How did you feel?**

Cared for **Circle one word only** that best

Involved describes how you feel at each

Not listened to stage.

Hurried

Frustrated **Why?**

We’d like to know why you felt

The reception staff made me feel welcome and the staff were very friendly

like this. Was it friendly staff, a

nice conversation, or a long wait?

***Please circle only one word from each column***

**Accessing your appointment**

**Arriving and checking in**

**Information**

(e.g. from reception staff, information leaflets, posters,

TV screen)

**Waiting**

(e.g. length of wait, environment, information on wait)

**Consultation and next steps**

(e.g. whilst seeing the GP or nurse, information provided following consultation)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| respected  pleased  valued  cared for  involved  not listened to  hurried  frustrated  anxious  Comments – we would like to know why you felt like this. |  | respected  pleased  valued  cared for  involved  not listened to  hurried  frustrated  anxious  Comments – we would like to know why you felt like this. |  | respected  pleased  valued  cared for  involved  not listened to  hurried  frustrated  anxious  Comments – we would like to know why you felt like this. |  | respected  pleased  valued  cared for  involved  not listened to  hurried  frustrated  anxious  Comments – we would like to know why you felt like this. |  | respected  pleased  valued  cared for  involved  not listened to  hurried  frustrated  anxious  Comments – we would like to know why you felt like this. |