**Patient Satisfaction Survey**

Dear Patient,

We would be grateful if you would help us by completing the following questionnaire. Please take time to comment and provide us with ideas for improvement.

The questionnaire is anonymous and your answers will be treated in confidence. Please place your completed questionnaire in the box at reception.

Thank you for your co-operation.

**1. Staff and Treatment**

**Please rate this practice on the following aspects of service and care:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** | **N/A** |
| Courtesy and professionalism of receptionist | 🞏 | 🞏 | 🞏 | 🞏 |
| Courtesy and professionalism of nursing staff | 🞏 | 🞏 | 🞏 | 🞏 |
| Courtesy and professionalism of dentist | 🞏 | 🞏 | 🞏 | 🞏 |
| Care and attention shown by dentist | 🞏 | 🞏 | 🞏 | 🞏 |
| Explanation of the treatment required and discussion of treatment options where appropriate | 🞏 | 🞏 | 🞏 | 🞏 |
| Explanation of the costs | 🞏 | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**2. Accessibility**

**Please rate how satisfied you are with the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** | **N/A** |
| Our existing opening hours (8.30am-5pm) | 🞏 | 🞏 | 🞏 | 🞏 |
| Availability of appointments at a day and time that suits you | 🞏 | 🞏 | 🞏 | 🞏 |
| Ease of making appointments | 🞏 | 🞏 | 🞏 | 🞏 |
| Availability of emergency appointments | 🞏 | 🞏 | 🞏 | 🞏 |
| Availability of out of hours emergency service | 🞏 | 🞏 | 🞏 | 🞏 |
| Being seen at or close to your allocated appointment time | 🞏 | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3. Facilities**

**a)Please indicate how satisfied are you with the following aspects of the practice:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** | **N/A** |
| Access to the practice and car parking facilities | 🞏 | 🞏 | 🞏 | 🞏 |
| General appearance of practice (tidiness and cleanliness) | 🞏 | 🞏 | 🞏 | 🞏 |
| Welcoming atmosphere | 🞏 | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**b) Please rate your satisfaction with the following aspects of the waiting room:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Good** | **Average** | **Poor** | **N/A** |
| Cleanliness | 🞏 | 🞏 | 🞏 | 🞏 |
| Comfortable seating | 🞏 | 🞏 | 🞏 | 🞏 |
| Adequate number of chairs | 🞏 | 🞏 | 🞏 | 🞏 |
| Leaflets and information displayed | 🞏 | 🞏 | 🞏 | 🞏 |
| Reading material | 🞏 | 🞏 | 🞏 | 🞏 |
| Toys | 🞏 | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**We are always trying to improve the care and services we provide for you. In order that we provide services that are meeting your needs please indicate how necessary/desirable you see the following to be.**

**1. Extended opening hours to include:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agree** | **Undecided** | **Disagree** |
| Evening appointments | 🞏 | 🞏 | 🞏 |
| Lunchtime appointments | 🞏 | 🞏 | 🞏 |
| Saturday morning appointments | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**2.Treatments:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agree** | **Undecided** | **Disagree** |
| Private hygienist | 🞏 | 🞏 | 🞏 |
| More information on alternatives to NHS dentistry (e.g. alternative restorative materials) | 🞏 | 🞏 | 🞏 |
| Orthodontic treatment | 🞏 | 🞏 | 🞏 |
| Implant treatment | 🞏 | 🞏 | 🞏 |
| Facial aesthetics (botox and collagen treatment) | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**3. Online presence and accessibility: Would you like to have access to;**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agree** | **Undecided** | **Disagree** |
| Practice website | 🞏 | 🞏 | 🞏 |
| Practice Facebook page | 🞏 | 🞏 | 🞏 |

Any additional comments or suggestions for changes?---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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**Further comments**

*Please use the space below if you have any further comments or suggestions for improvement.*

**Thank you for taking the time to provide your feedback**