

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and professionalism of nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and professionalism of dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and attention shown by dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the treatment required and discussion of treatment options where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of the costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of appointments at a day and time that suits you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of making appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of emergency appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of out of hours emergency service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance of practice (tidiness and cleanliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcoming atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate number of chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaflets and information displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunchtime appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday morning appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2. Treatments:

	Agree	Undecided	Disagree
Private hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More information on alternatives to NHS dentistry (e.g. alternative restorative materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontic treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial aesthetics (botox and collagen treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Agree	Undecided	Disagree
Practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice Facebook page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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