

Patient Feedback Questionnaire

Please remember that this is just about the Clinician you have seen today.

<p>1. Overall, how satisfied were you with the clinician that you saw?</p> <p> Doctor <input type="checkbox"/> Advanced clinical practitioner <input type="checkbox"/> Surgical care practitioner <input type="checkbox"/> Physicians Associate <input type="checkbox"/> </p>
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	Yes definitely	Yes to some extent	Not really	Definitely not	Does not apply
2. Was the clinician polite and considerate?					
3. Did the clinician listen to what you had to say?					
4. Did the clinician give you enough opportunity to ask questions?					
5. Did the clinician answer all your questions?					
6. Did the clinician explain things in a way you could understand?					
7. Are you involved as much as you want to be in the decisions about your care and treatment?					
8. Did you have confidence in the clinician?					
9. Did the clinician respect your views?					
10. If the clinician examined you, did he or she:					
a. Ask your permission?					
b. Respect your privacy and dignity?					
11. By the end of the consultation did you feel better able to understand and/or manage your condition and your care?					

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12. Overall, how satisfied were you with the clinician that you saw?

Very satisfied Fairly satisfied Not really satisfied Not at all satisfied

13. Please make any additional comments about the clinician in the space below: