**Patient Satisfaction Questionnaire**

**Name**

**Date of examination**

Thank you for taking the time to review this feedback questionnaire. This information will enable me to review and reflect upon my practice and form part of my appraisal and revalidation process. This feedback will then be ammonised. Please complete the questions using the scale below.

1. Poor
2. Fair
3. Good
4. Excellent
5. Outstanding
6. How at ease did you feel during the consultation? (being friendly and warm towards you, treating you with respect, not cold or abrupt)

1 2 3 4 5

1. Did you feel that you had an opportunity ‘to you tell your story’… (giving you time to fully describe your illness in your own words, not interrupting or diverting you)

1 2 3 4 5

1. Did you feel your concerns were listened to? (paying close attention to what you were saying, not looking at the notes or computer as you were talking).

1 2 3 4 5

1. Did you feel I was interested in you as a whole person? (asking/knowing relevant details about your life, your situation; not treating you as ‘just a number’).

1 2 3 4 5

1. Did you feel I fully understanding your concerns? (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything).
2. 2 3 4 5
3. Did I Show care and compassion? (seeming genuinely concerned, connecting with you on a human level, not being indifferent or ‘detached’).

1 2 3 4 5

1. Did I have a positive approach? (having a positive approach and a positive attitude, being honest but not negative about your problems)

1 2 3 4 5

1. Did I explain things fully? (fully answering your questions, explaining clearly, giving you adequate information, not being vague).

1 2 3 4 5

1. Did you feel you were able to take control of your consultation? (exploring with you what you can do to improve your health yourself, encouraging rather than ‘lecturing’ you).

1 2 3 4 5

1. Were you involved in any future action planning? (discussing the options, involving you in decisions as much as you want to be involved, not ignoring your views).

1 2 3 4 5

1. Overall, how would you rate your consultation?

1 2 3 4 5

1. Do you have any other feedback?

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