

Akerman Medical Practice Questionnaire



About You

1. Gender

- Male
 Female

2. Age Group

- 18-24
 25-34
 35-44
 45-54
 55-65
 65-74
 75-84
 85+

3. Do you have any of the following?

- Asthma
 Atrial Fibrillation
 Hypertension
 Cancer
 Chronic Heart Disease
 Chronic Kidney Disease
 Chronic obstructive pulmonary disease (COPD)
 Diabetes
 Epilepsy
 Hypothyroidism
 Learning Difficulty
 Any other long term chronic condition
 None

4. Ethnicity

- Asian
 Black
 Chinese
 Latin
 Mixed
 White
 Other

Contacting the Surgery and Booking Appointments

5. How easy is it to get through to the practice on the Phone?

- Very easy
 Fairly easy

- Not very easy
 Haven't Tried

6. Did the receptionist handle your query politely?

- Yes
 No
 Doesn't Apply

7. Did the receptionist resolve your query?

- Yes
 No
 Doesn't Apply

8. How would you normally book an appointment?

- In person
 By phone
 By fax
 By Email
 By practice website
 Doesn't Apply

9. Have you been able to see a doctor fairly quickly?

- Yes
 No
 Not needed to see a doctor

10. Were you able to see the doctor you wanted?

- Yes
 No
 Doesn't matter

11. If you haven't been able to see a doctor, what reason was given?

- There weren't any appointments
 The time offered did not suit me
 The appointments were offered with a doctor I didn't want to see
 Another reason
 Not Applicable

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12. Were you able to book ahead for an appointment, longer than 48 hours?

- Yes
- No
- Never tried

13. Do you know if the surgery is open during lunch?

- Yes - its open
- No - its closed

14. Do you know if the surgery is open during Saturday for appointments only?

- Yes - its open
- No - its closed

15. Do you know when the extended hours for the surgery are?

- Yes
- No

Care Given

16. Had discussions with a doctor or nurse about how best to deal with health problem

- Yes
- No
- Don't Know
- Not Applicable

17. Doctor or nurse took notice of views about dealing with health problem

- Yes
- No
- Don't Know
- Not Applicable

Out-of-Hours GP

18. Know how to contact an out-of-hours GP service

- Yes
- No

19. Ease of contacting out-of-hours GP service

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Never tried

20. Rating of the care received from the out-of-hours GP service

- Very good
- Good
- Neither good or bad
- Poor
- Very poor
- Never tried

Overall

21. Are you satisfaction with care received at surgery

- Very Satisfied
- Fairly Satisfied
- Neither Satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

22. Would you recommend this GP surgery to someone who has moved to the local area?

- Yes, Would definitely recommend
- Yes, Might recommend
- Not sure
- No, Would probably not recommend
- No, Would definitely not recommend
- Don't know