

1	How well do you rate your experience with our receptionists?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
2	How well do you rate the existing opening hours?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
3	How do you rate the practice premises / environment?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
4	How do you rate the availability of a SPECIFIC doctor?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
5	How do you rate the availability of ANY doctor?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
6	How do you rate the waiting time at the practice for your consultation to begin?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
7	How do you rate the ability to get through to the practice on the telephone?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
8	How do you rate the ability to speak to a doctor on the phone for advice?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
9	How well does the doctor listen to what you have to say?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
10	How satisfied are you with how thoroughly the GP investigated your symptoms?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
11	How well does the doctor make you feel at ease during your consultation?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
12	How well do you feel you are involved in decisions about your healthcare?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
13	How well does the doctor explain your problem(s) and/or treatment?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
14	How well do you rate the doctors caring and concern for you?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
15	How well do you understand your problem(s) after the consultation?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
16	How well do you think you can cope after your visit to the surgery?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered
17	All things considered, How satisfied overall are you with the practice?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Unanswered

ADDITIONAL COMMENTS

Monitoring Section

Are You:	<input type="radio"/> Male	<input type="radio"/> Female
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Please select one of the two options

Age:	<input type="radio"/> Under 20	<input type="radio"/> 20 - 35	<input type="radio"/> 36 - 50	<input type="radio"/> 51 - 65	<input type="radio"/> Over 65
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Please select one of the five options

How often do you visit a GP in a 12 month period on average?	<input type="radio"/> 2 or less	<input type="radio"/> 3 - 6	<input type="radio"/> 7 - 10	<input type="radio"/> 11 - 14	<input type="radio"/> 15 or more
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Please select one of the five options

Do you have any long standing illness, disability or infirmity?	<input type="radio"/> No	<input type="radio"/> Yes
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Please select one of the two options

Which ethnic group do you belong to?	<input type="radio"/> White	<input type="radio"/> Mixed
	<input type="radio"/> White European	<input type="radio"/> Chinese
	<input type="radio"/> Black / Black British	<input type="radio"/> African
	<input type="radio"/> Asian / Asian British	<input type="radio"/> Other ethnic group

Please select one of the eight options

Thank you for completing this survey