

DR H. D. NANDHA & PARTNERS

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THE MEDICAL CENTRE
30 - 32 LOUGHBOROUGH ROAD
LEICESTER
LE4 5LD

EVINGTON MEDICAL CENTRE
2 - 6 HALSBURY STREET
LEICESTER
LE2 1QA

PATIENT SATISFACTION QUESTIONNAIRE

Please mark the questions by ticking the box as appropriate

1. What gender are you? Male Female
2. What is your age group? 16-24 25-30 31-40 41-50
51-60 61-70 over 70
3. What is your ethnic group? _____
4. Are you aware of our PPG Group If so how? Yes No

5. If you have used the telephone service, were you answered quickly and dealt with efficiently? Yes No
6. Were you welcomed by receptionist staff? Yes No
7. Were you seen on time? Yes No
7.1) If no, how long did you wait? _____ hrs _____ mins
8. Did you understand what the doctor or nurse told you? Yes No
9. How much information were you given about your treatment?
Not enough Enough Too much
10. Were you satisfied with the service? Yes No
11. Were you happy with the service you received? Yes No
12. Overall, how do you rate the service and care that you received today?
Excellent Very Good Good Fair Poor
13. Are you happy with our surgery opening times? Yes No
14. What did you like about the service we provided?

15. What did you dislike about the service we provided?

16. Are there any other comments, suggestions or issues about the service that you would like to raise with us?

WITH YOUR FEEDBACK, WE CAN WORK TO PROVIDE A BETTER SERVICE