

VSS Patient Satisfaction Questionnaire

Dear Patient,

VSS is committed to constantly improving the care we deliver. It would be greatly appreciated if you could complete this brief anonymous survey which will help us improve our clinicians and practices. After completing this questionnaire, please drop it into the IMOS feedback box provided at Reception or email to info@nhsmos.com.

Many thanks.

Please do not write your name on this questionnaire unless you consent to being contacted by us.






Please base your answers only on the treatment you have received today.






Please write today's date here:

Please write the practice you visited:

Please write the doctor you visited:

Q1	Are you filling in this questionnaire for
<input type="checkbox"/>	Yourself
<input type="checkbox"/>	Your child
<input type="checkbox"/>	Your spouse/partner
<input type="checkbox"/>	Another relative or friend

Q2	Please rate each of the following based on your experience today						
							n.a.
	Information about your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Instruction for transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Staff friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clean and safe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any additional comments here:							

Q3	How good was your doctor today at each of the following?						n.a.
	Being polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Making you feel respected and at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Helping you understand your condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explaining your treatment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Involving you in the decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Giving you privacy when treated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The treatment provided was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Helping you manage aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any additional comments here:							

Q4	Overall, would you recommend our service to your family and friends?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Maybe
Please provide any additional comments here:				

Your feedback will help us continually improve our services to everyone we care for. If you are happy for us to contact you about your responses, please enter your contact details below. Our complaints policy and privacy policy can be found on www.nhsmos.com. We will not share your information with anyone else.

Name: Telephone:

Email:

If you consent to being contacted, please tick the relevant boxes:

Telephone

Email