Patient Satisfaction Questionnaire

Dear Patient,

Thank you for consulting with our fifth-year medical student, who is close to qualifying as a doctor.

We would be grateful if you would complete this anonymous questionnaire about your visit today.

Feedback from this survey will enable the student to identify areas that may need improvement and will help them to develop their skills. Your opinions are therefore very valuable.

Please answer all the questions below by circling the response you feel is most appropriate. There are no right or wrong answers and the medical student will **not** be able to identify your individual responses.

Please put their name at the top of the sheet, after completing it you can either email it to the practice or drop it into reception. Many thanks

1. **Did the Medical Student make you feel at ease?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did the Medical Student let you tell your story?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did you feel the Medical Student really listened to you?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did you feel the Medical Student understood you concerns?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did you feel the Medical Student showed care and compassion?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did you feel the Medical Student explained things clearly?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Did you feel the Medical Student included you in making a plan?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Overall how would you rate your consultation today?**

Poor Poor to Ok Ok OK to Good Excellent

1. **Do you have any other comments about your consultation today?**