

Padgate Medical Centre

GMC Patient Questionnaire Dr Reynolds

Number of Responses: 48

GMC Patient Questionnaire

1. Are you filling in this questionnaire for:

| | |
|----------------------------|-----|
| Yourself | 89% |
| Your child | 8% |
| Your spouse or partner | 2% |
| Another relative or friend | 0% |

If you are filling this in for someone else, please answer the following questions from the patient's point of view

2. Which of the following best describes the reason you saw the doctor today? (Please tick all the boxes that apply)

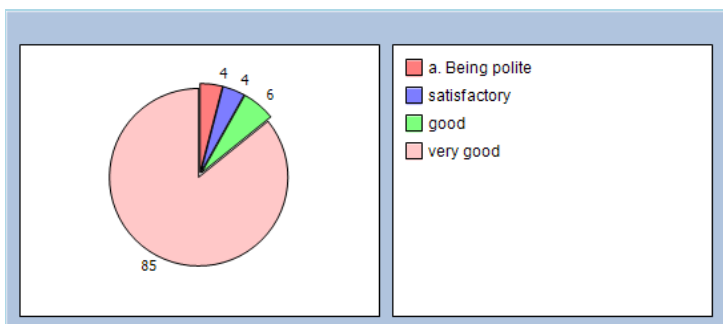
| | |
|--|-----|
| To ask for advice | 12% |
| Because of an ongoing problem | 39% |
| For treatment (including prescriptions) | 18% |
| Because of a one-off problem | 22% |
| For a routine check | 6% |
| Other (please give details) | 6% |

3. On a scale a scale of 1-5, how important to your health & well being was your reason for visiting the doctor today?

| | |
|--------------------|-----|
| Not very important | 0% |
| 1 | 10% |
| 2 | 0% |
| 3 | 14% |
| 4 | 25% |
| 5 | 25% |
| Very important | 25% |

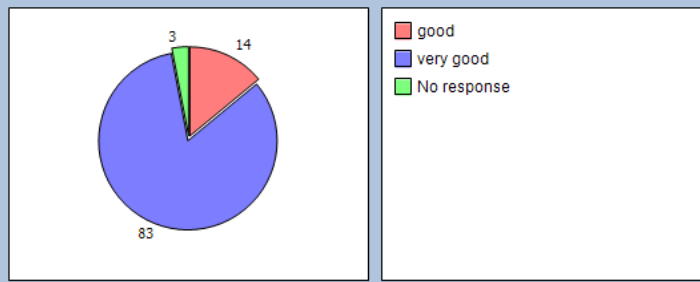
4. How good was your doctor today at each of the following? (Please tick one box in each line)

| | |
|------------------------|-----|
| a. Being polite | 4% |
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 4% |
| good | 6% |
| very good | 85% |
| does not apply | 0% |



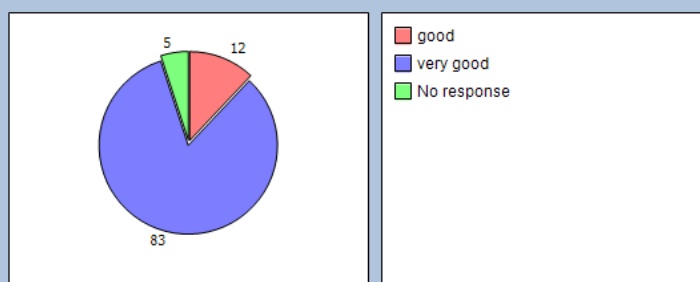
4b Making you feel at ease

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 0% |
| good | 14% |
| very good | 83% |
| No response | 3% |



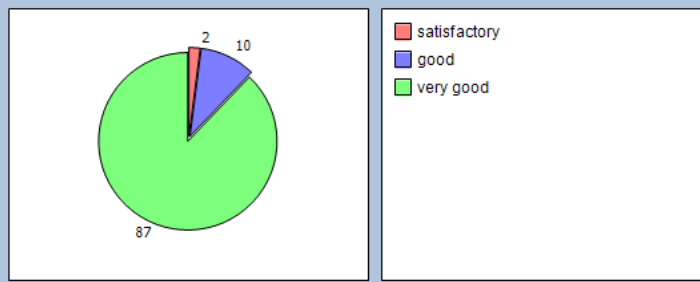
c Listening to you

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 0% |
| good | 12% |
| very good | 83% |
| No response | 5% |



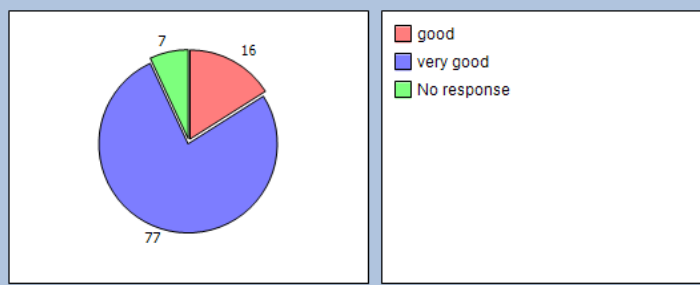
4d Assessing your medical condition

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 2% |
| good | 10% |
| very good | 87% |



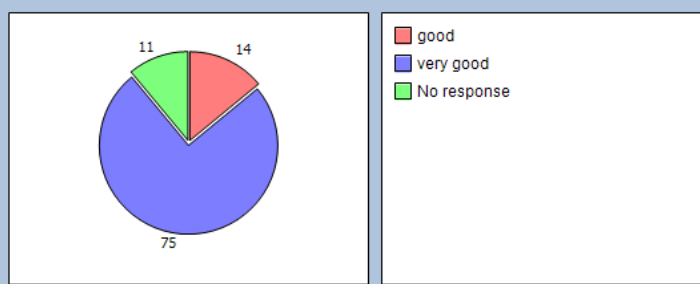
4e Explaining your condition & treatment

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 0% |
| good | 16% |
| very good | 77% |
| No response | 7% |



4f Involving you in decisions about your treatment

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 0% |
| good | 14% |
| very good | 75% |
| No response | 11% |



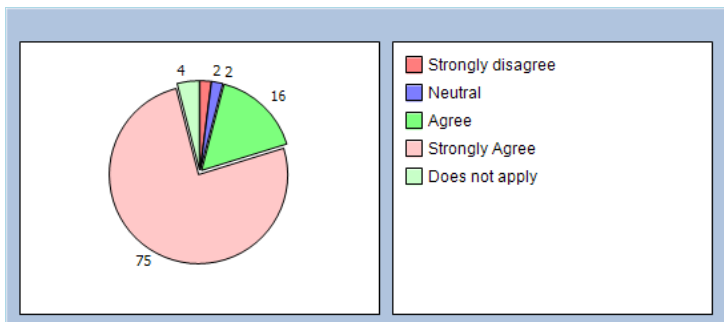
4g Providing or arranging treatment for you

| | |
|------------------------|-----|
| poor | 0% |
| less than satisfactory | 0% |
| satisfactory | 0% |
| good | 10% |
| very good | 85% |
| No response | 5% |



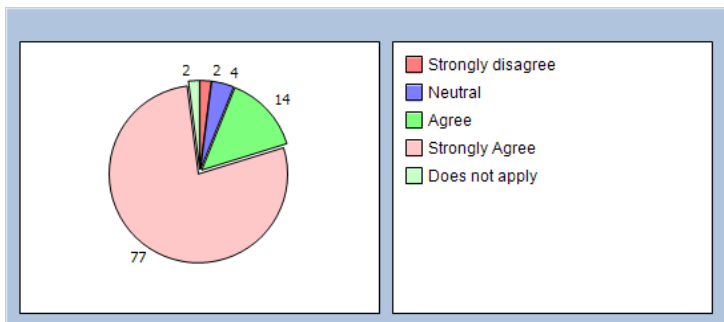
5. Please decide how strongly you agree or disagree with the following statement by ticking one box in each line.

| | |
|---|-----|
| a) The doctor will keep information about me confidential | 0% |
| Strongly disagree | 2% |
| Disagree | 0% |
| Neutral | 2% |
| Agree | 16% |
| Strongly Agree | 75% |
| Does not apply | 4% |



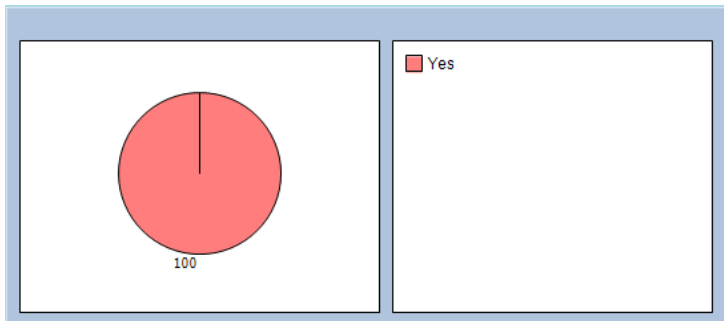
5b The doctor is honest & trustworthy

| | |
|-------------------|-----|
| Strongly disagree | 2% |
| Disagree | 0% |
| Neutral | 4% |
| Agree | 14% |
| Strongly Agree | 77% |
| Does not apply | 2% |



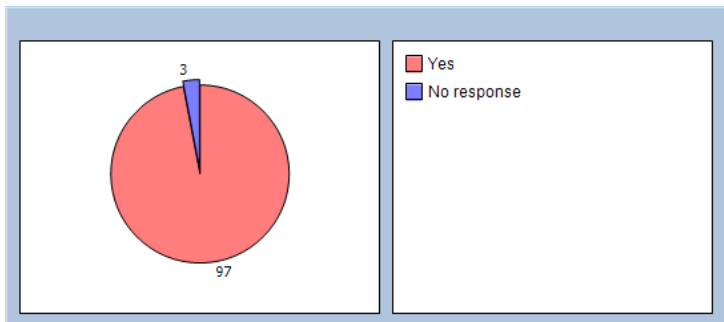
6 I am confident about this doctor's ability to provide care

| | |
|-----|------|
| Yes | 100% |
| No | 0% |



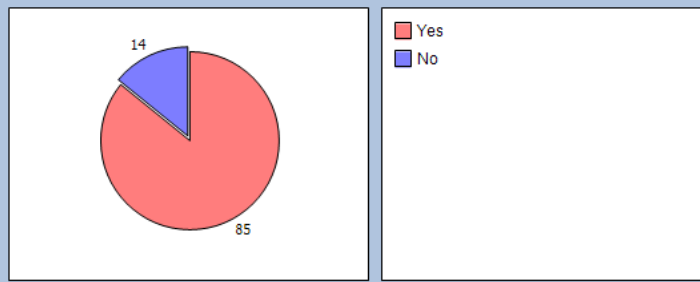
7 I would be completely happy to see this doctor again

| | |
|-------------|-----|
| Yes | 97% |
| No | 0% |
| No response | 3% |



8. Was this visit with your usual doctor

| | |
|-----|-----|
| Yes | 85% |
| No | 14% |

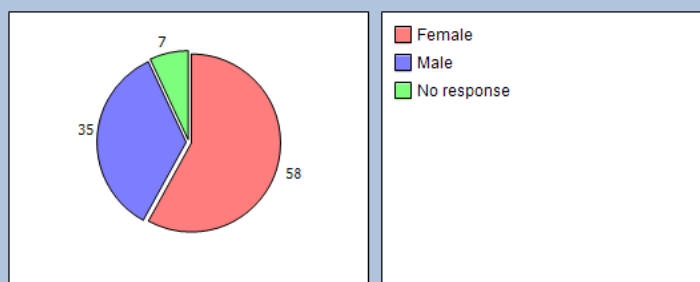


9 Please add any other comments you want to make about this doctor. Please note: No patients will be identified when this information is given to the doctor

The next questions will provide the doctor with some basic information about who took part in the survey. If you are filling this in on behalf of a child or a patient with disability, please provide details about the patient.

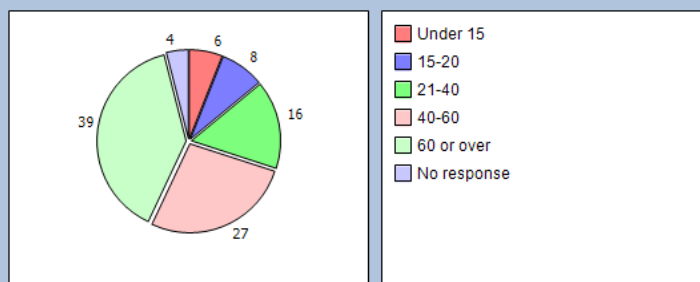
10. Are you:

| | |
|-------------|-----|
| Female | 58% |
| Male | 35% |
| No response | 7% |



11. Age

| | |
|-------------|-----|
| Under 15 | 6% |
| 15-20 | 8% |
| 21-40 | 16% |
| 40-60 | 27% |
| 60 or over | 39% |
| No response | 4% |



12 What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background.

| | |
|-------------------------------|------|
| A - White | 0% |
| white British | 100% |
| White Irish | 0% |
| White any other background | 0% |
| B- Mixed | 0% |
| Mixed White Black & Carribean | 0% |
| White and Black African | 0% |
| White & Asian | 0% |
| Any other mixed background | 0% |
| C- Asian or Asian British | 0% |
| Indian | 0% |
| Pakistani | 0% |
| Bangladeshi | 0% |
| Any other Asian background | 0% |
| D- Black or Black British | 0% |
| Carribean | 0% |

| | |
|----------------------------|----|
| African | 0% |
| Any other Black background | 0% |
| E- Chinese or ethnic group | 0% |
| Chinese | 0% |
| Any other | 0% |

