University Hospital Southampton
NHS Foundation Trust

Patient Feedback Questionnaire

The team at Southampton would be very grateful for your feedback on the doctor you saw today. Please give us your honest answers and additional comments, your feedback is completely anonymous. Thank you for helping us.

How was your doctor at the following:

Making you feel at ease?
(Introducing him/herself, being warm and friendly, treating you with respect, not being abrupt).

Poor | Fair | Good | Excellent

Listening?
(Paying close attention without rushing you. Listening, not looking at the notes as you were talking).

Poor | Fair | Good | Excellent

Understanding your concerns?
(Making it clear to you he or she has accurately understood your anxieties or concerns, not dismissing anything).

Poor | Fair | Good | Excellent

Explaining things clearly?
(Fully answering any questions, giving you adequate information, not being vague).

Poor | Fair | Good | Excellent

Showing care and compassion?
(Showed genuine concern, not being indifferent or detatched).

Poor | Fair | Good | Excellent

Making a plan with you?
(Weighing up the risks and benefits with you. Involving you in decision making when there are choices).

Poor | Fair | Good | Excellent

Would you be happy to see this doctor again?

Yes | No

How old are you?

25 or under | 26-65 | Over 65

Please could you indicate your ethnic group

White British | White Irish | White Other | Chinese | Caribbean

Indian | Pakistani | Bangladeshi | African | Mixed race

Other ethnic group - please let us know

Is English your first language?

Yes | No

Please write any comments about the visit on the reverse of this sheet.

Date:

Doctor identifier:

Outpatient clinic / clincal area: