

SHOTFIELD MEDICAL PRACTICE PATIENT SURVEY 2017

We would be very grateful if you could complete the following questionnaire.
We are collecting information in the strictest confidence.

1 Overall satisfaction with the Practice

1.1 Overall are you satisfied with the service you receive from the Practice?

| | |
|-----|--|
| Yes | |
|-----|--|

| | |
|----|--|
| No | |
|----|--|

1.2 Please give one reason for your answer

.....

.....

.....

2 Communications

2.1 Do you look at or use any of the following? (please tick all that apply):

| | |
|---|--|
| View/print test results online | |
| Book/cancel appointments online (with GP) | |
| Request repeat prescriptions online | |
| Online access to your medical records | |
| Receive texts from the Practice | |
| Shotfield Medical Practice Website | |
| Shotfield Medical Practice Facebook | |
| Shotfield Medical Practice Twitter | |

2.2 How do you prefer to receive information?

| | |
|------------------------------------|--|
| Text message on mobile phone | |
| Emails | |
| Shotfield Medical Practice website | |

2.3 Would you like to suggest any improvements to the way the Practice contacts you and makes information available?

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4 Exercise

Moderate exercise is defined as exercise which makes you warm and raises your pulse

Vigorous exercise is defined as exercise which is so strenuous that it is difficult to speak

3.1 How much moderate or vigorous exercise do you take per WEEK?

| | Moderate | Vigorous |
|---------------------------|----------|----------|
| Less than 30 mins | | |
| 30 mins to under 1 hour | | |
| 1 hour to under 2.5 hours | | |
| 2.5 hours or more | | |

3.2 Did you know that the recommended amount of moderate or vigorous exercise for adults is 150 minutes per week?

| | |
|-----|--|
| Yes | |
|-----|--|

| | |
|----|--|
| No | |
|----|--|

3.3 Would you be prepared to join an exercise programme to benefit your health?

| | |
|-----|--|
| Yes | |
|-----|--|

| | |
|----|--|
| No | |
|----|--|

3.4 If yes, what activities do you do now or would you consider in the future? (Please tick all that apply)

| | NOW | IN FUTURE |
|------------------------|-----|-----------|
| Walking for health | | |
| Fitness/exercise class | | |
| Football | | |
| Walking football | | |
| Netball | | |
| Walking netball | | |
| Tai Chi | | |
| Yoga | | |
| Swimming | | |
| Dancing | | |
| Other please state | | |

4 The practice has a Patient Participation Group to promote the interests of patients and the Practice. Please note they do NOT deal with individual queries.

4.1 Would you be interested in assisting the PPG in any of the following areas?

| | |
|---|--|
| Carrying out surveys such as this one | |
| Promoting online access to appointments, prescriptions and test results | |
| Disability awareness | |
| Specific health needs of minority groups | |
| Leading healthy walks | |
| Writing a newsletter | |
| IT skills | |

4.2 If you have any other CONSTRUCTIVE suggestions for aspects of the Practice which you would like the PPG to promote, please state here:

.....

.....

.....

4.3 Would you like there to be a PPG Newsletter?

| | |
|-------------------|--|
| Online Newsletter | |
| Paper Newsletter | |
| Not interested | |

✂

If you are willing to assist with any PPG activities please complete your contact information here, tear off the slip and hand in separately to reception. OTHERWISE LEAVE THIS SECTION BLANK:

Full Name:.....

Contact Tel No(s):

And/or

Email address:.....

I am interested in assisting the PPG with

.....

5 This survey is entirely confidential however the NHS requires us to collect the following information to check that we have covered a diverse sample of the patients registered at this Practice.

5.1 How do you describe your gender?

| | |
|-------|--|
| Male | |
| Other | |

| | |
|-------------------|--|
| Female | |
| Prefer not to say | |

5.2 What age group are you in?

| | |
|----------|--|
| Under 16 | |
| 17-24 | |
| 25-34 | |
| 35-44 | |
| 45-54 | |

| | |
|------------|--|
| 55-64 | |
| 65-74 | |
| 75-84 | |
| 85 or over | |
| | |

5.3 What is your ethnic group?

| | |
|----------------------------|--|
| White British | |
| White Irish | |
| Any other White background | |

| | |
|---|--|
| Black or Black British Caribbean | |
| Black or Black British African | |
| Other Black or Black British background | |

| | |
|-------------------------------|--|
| Mixed White & Black Caribbean | |
| Mixed White & Black African | |
| Mixed White & Asian | |
| Any other Mixed background | |

| | |
|------------------------------------|--|
| Asian or Asian British Indian | |
| Asian or Asian British Pakistani | |
| Asian or Asian British Bangladeshi | |
| Any other Asian background | |

| | |
|-----------------------------|--|
| Chinese | |
| Any other ethnic background | |