

Patient satisfaction questionnaire

Please help us to improve our service to you

Dear Patient,

Please help us to ensure that we provide you with the best possible service, by completing this questionnaire. Tick the box in the corresponding column to let us know what you think about our practice and service. This is **completely anonymous** and any information you provide will be treated in the **strictest confidence**.

Once you have completed the questionnaire please return it to reception.

Thank you for your time and co-operation.

Please tell us about you

Are you:

- ☐ Male
- ☐ Female

Which of the following age groups applies to you:

- ☐ 0 – 18
- ☐ 19 - 24
- ☐ 25 – 34
- ☐ 35 - 44
- ☐ 45 – 54
- ☐ 55 - 64
- ☐ 65 +

How long have you been with this practice:

- ☐ This is my first visit
- ☐ 0 - 6 months
- ☐ 12 months
- ☐ 12 months +

How did you hear about the practice:

- ☐ Recommended by another patient
- ☐ Web site
- ☐ Other (please specify)

How far do you travel to the practice:

- ☐ Less than 5 miles
- ☐ 5 - 9 miles
- ☐ 10 - 14 miles
- ☐ 15 + Miles

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Please rate us from 1 to 5 on the following criteria

1 = Poor 2= Below average 3 = Average 4= Above average 5 = Excellent

	1	2	3	4	5
1. General service					
The practice opening hours					
The practice layout and accessibility					
Patient information such as leaflets, brochures and signs					
The supply of retail products such as toothpaste, toothbrushes and floss					
Cleanliness and tidiness of the practice					
2. Our practice arrangements					
The entrance of the practice					
The layout of reception					
The patients' toilet					
The treatment room					
The overall impression of the practice					
3. Customer care					
Staff professionalism					
Our telephone manner					
Staff uniforms and general appearance					
How welcomed you felt					
How friendly the staff were					
4. Our dentists					
Did you feel confident with the dentist					
How clearly were treatment choices explained					
How relaxed did you feel during treatment					
How comfortable was the treatment					
How clear were the treatment choices explained to you					
5. Administration and finance					
How clear was the estimate and treatment plan, given before treatment started					
Was the treatment good value for money					
Were your charges collected professionally					
How do you rate our recall arrangements					
How easy was it to make or change appointments					

Please add any additional comments and suggestions about our services below

Thank you for taking the time to fill out this questionnaire.

Your comments and suggestions

In order to provide you with the best possible care and service we would appreciate your suggestions or comments. Please fill out this form and return it to reception. We will keep any information you provide confidential and will be happy to report back to you about the actions taken following the suggestions. If we have failed to meet your expectations in any way, please contact the Practice Manager.

Please contact me about my comments and suggestions ☐

(optional personal details)

Name:

Date :

Address:

Telephone:

Your comments and suggestions:

Thank you for taking the time to give us your comments or suggestions.

Staff member	Action agreed	Action by date	Results reported