

# The General Practice Assessment Questionnaire

The practice carried out a consultation survey in February 2012 to determine patient satisfaction after seeing Dr Mannikar. The survey was carried out over a 1 week period and a total of 30 patients were surveyed.

86.6% of patients rated good, very good or excellent for each question.

13.4% of patients rated fair for some of the questions

No patients rated very poor or poor

## The survey Results

	Very Poor	Poor	Fair	Good	Very Good	Excellent	Does not Apply
a) How <b>thoroughly</b> the doctor asked about your symptoms and how you are feeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="11"/>	<input type="checkbox"/>
b) How well the doctor <b>listened</b> to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="11"/>	<input type="checkbox"/>
c) How well the doctor <b>put you at ease</b> during your physical examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="10"/>	<input type="checkbox" value="2"/>
d) How much the doctor <b>involved you in decisions</b> about your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="4"/>	<input type="checkbox" value="7"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="10"/>	<input type="checkbox"/>
e) How well the doctor <b>explained</b> your problems or any treatment that you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="4"/>
f) The amount of <b>time</b> your doctor spent with you today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="11"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="9"/>	<input type="checkbox"/>
g) The doctor's <b>patience</b> with your questions or worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="10"/>	<input type="checkbox" value="1"/>
h) The doctor's <b>caring and concern</b> for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox" value="2"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="9"/>	<input type="checkbox" value="11"/>	<input type="checkbox"/>

Are You	Male	<input type="checkbox" value="13"/>	Female	<input type="checkbox" value="17"/>
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How old are you?	Up to 44	<input type="checkbox" value="14"/>	45 +	<input type="checkbox" value="16"/>
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Which of the following best describes you?					
Employed	Unemployed	Education	Unable to work due to Illness	Carer	Retired
<input type="checkbox" value="11"/>	<input type="checkbox" value="8"/>	<input type="checkbox" value="1"/>	<input type="checkbox" value="3"/>	<input type="checkbox"/>	<input type="checkbox" value="7"/>

Do you have any long standing illness, disability or infirmity?	Yes	<input type="checkbox" value="21"/>	No	<input type="checkbox" value="9"/>
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Which ethnic group do you belong to?	White	<input type="checkbox" value="28"/>	Mixed	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	Black or Black British	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox" value="2"/>	Other Ethnic Group	<input type="checkbox"/>

