

ROSEMARY MEDICAL CENTRE

HAVE YOUR SAY....



Age _____ **Male/Female**(delete as appropriate) **Ethnicity**_____

Do you consent to your comments published on our website? Yes/No (delete as appropriate)

We would like you to think about your experiences of our service (Please answer the question below by ticking one of the statements on the right-hand side)	
How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment? (please tick one of the statements)	Extremely Likely
	Likely
	Neither likely nor unlikely
	Unlikely
	Extremely Unlikely
	Don't Know
Further Comments: Please let us know how we could improve our service to you	

How did you feel at different stages in your Practice journey?

How did you feel? Circle the words that best describe your feelings at each state or write your own words.
--

Why? We'd like to know why you felt like this. Was it friendly staff, a nice conversation, or a long wait?
--

Please answer the questions overleaf.

Arriving/Checking in

happy
supported
safe
good
comfortable
in pain
worried
lonely
sad
nervous

Why do you feel like this?

Waiting

happy
supported
safe
good
comfortable
in pain
worried
lonely
sad
nervous

Why do you feel like this?

Consultation

happy
supported
safe
good
comfortable
in pain
worried
lonely
sad
nervous

Why do you feel like this?

Leaving

happy
supported
safe
good
comfortable
in pain
worried
lonely
sad
nervous

Why do you feel like this?