

Please complete this questionnaire and return to reception.

**Ripon Spa Surgery
Patient Survey No. 3
January 2014**



Dear Patient

Welcome to this the third Spa Surgery Patient Survey, conducted by the Patient Participation Group. Your views are really valuable in helping improve services within the Practice, so please take a few minutes to complete the following questions.

Question 1: How do you order your repeat prescriptions? Please tick all that apply.

Online	<input type="checkbox"/>
By telephone	<input type="checkbox"/>
Form	<input type="checkbox"/>

Question 2: Did you know that repeat prescriptions may be ordered online at www.thesurgeryparkstreet.co.uk ?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Question 3: Would you find it helpful if members of staff wore name badges?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Question 4: Did you know you could be a member of the Patient Participation Group?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Question 5: In general how do you rate the overall service you receive from the Practice?

Excellent	<input type="checkbox"/>
Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fairly Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>

For more information please add your email address below

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Comments.....

Question 6: Is there anything that the practice does at the moment that you would like us to do differently?

To help us analyse your answers, please tick each box that relates to you.

Are you?:

Male	
Female	
Under 16	
17 - 24	
25 - 34	
35 - 44	
45 - 54	
55 - 64	
65 - 74	
75 - 84	
Over 84	

Student	
Employed part time	
Employed full time	
Unemployed	
Self Employed	
Carer	
Retired	

Are you registered disabled?

YES	NO

Do you have any Comments on any of the topics covered?

Thank you for your time and taking part in the survey.