**

*This is an example questionnaire. Please adapt as required.*

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| --- |
| **Booking an appointment**  |
| Was it easy to book an appointment with the FCP? |  | **Yes**  | **No**  |  |
|  Please share any comments:  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| Were the appointment times offered convenient? |  | **Yes**  | **No**  |  |
| Were you offered an appointment without waiting too long? |  | **Yes**  | **No**  |  |

|  |  |
| --- | --- |
|  How long did you wait?  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| Were you aware that you were not seeing a GP for this appointment?  | **Yes**  | **No**  |  |
| What would you have done if you were unable to see the FCP this time? | **Seen a GP**  **Attended a Walk-in Centre**  **Seen a private physiotherapist** **Attended A&E Don’t know** **Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **Consultation** |
| Were you confident in the knowledge and skills of your FCP?  | **Yes**  | **No**  |  |
| Did they listen and explain?  | **Yes**  | **No**  |  |
| Did the information you received answer your questions? | **Yes**  | **No**  |  |
| Did they meet your expectations?  |  |  | **Yes**  | **No**  |  |
| Were you involved and informed in decisions about your care?  | **Yes**  | **No**  |  |
| Do you understand about your conditions and what happens now?  | **Yes**  | **No**  |  |
| Were you treated with dignity at all times?  | **Yes**  | **No**  |  |
| Did you have enough time in the appointment?  | **Yes**  | **No**  |  |
| Do you feel you need to have an appointment with the GP for the same problem?  | **Yes**  | **No**  |  |
|  |  |  |  |  |  |
| **Overall Satisfaction** |
| Would you recommend this service to family or friends?  | **Yes**  | **No**  |
| How satisfied are you with the service you received from the FCP: | **Very satisfied**  | **Satisfied**  | **Neither satisfied nor unsatisfied**  | **Unsatisfied**  | **Very unsatisfied** |
| If you had another muscle or joint problem, who would you prefer to see?  | **GP**  | **FCP**  | **Don't mind**  |  |  |
| After today’s appointment do you feel you still need to book an appointment with the GP for the same problem?  | **Yes**  | **No**  |  |  |  |
| Is there anything you felt we could improve?  |  |  |