

DYKES HALL MEDICAL CENTRE and DEER PARK SURGERY

156 Dykes Hall Road
Sheffield S6 4GQ
Tel: 0114 232 2340

3 Deer Park Close
Sheffield S6 5NA
Tel: 0114 234 7979

Website: www.dykes-hall.co.uk

Dr J. S. Bowman - Dr E. J. Callingham - Dr. A. Goodarzi - Dr D. Openshaw - Dr. J. H. Scholefield - Dr S. N. Thomas

Patient Participation Survey

1. When ringing for an appointment were you happy with the amount of time you had to wait before the telephone was answered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Was the person you spoke to polite and helpful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you happy for the receptionist to ask you some basic questions about your problems so we can direct your call to the correct person, i.e. Doctor/ Nurse/ Healthcare Assistant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Were you aware of, or told about our online services and website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you find the website user friendly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Were you happy with the amount of time you had for your appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Did you feel that the clinician understood and listened to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Did you feel your problems were explained to your satisfaction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Did you feel involved in managing your care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are you aware of the new Out of Hours services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. If you have had need to use the Out of Hours services, were you happy with: a) The 111 service b) The Walk in Centre on Broad Lane	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
12. Do you feel the practice respects your wishes with regard to your personal information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. In general are you satisfied with the care you receive at the practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. Would you recommend the surgery to someone who has just moved into the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please feel free to write your comments here

This additional information will help to make sure we receive a representative sample of the patients that are registered at the practice.

15. Which is your normal surgery?	Dykes Hall Medical Centre <input type="checkbox"/>	Deer Park Surgery <input type="checkbox"/>
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16. Are you?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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17. Age group	Under 18 <input type="checkbox"/>	45 - 54 <input type="checkbox"/>
	18 - 24 <input type="checkbox"/>	55 - 64 <input type="checkbox"/>
	25 - 34 <input type="checkbox"/>	65 - 74 <input type="checkbox"/>
	35 - 44 <input type="checkbox"/>	75 and over <input type="checkbox"/>

18. Which of these best describes what you are doing at present?	Full-time paid work <input type="checkbox"/>	Retired <input type="checkbox"/>
	Part-time paid work <input type="checkbox"/>	Unemployed <input type="checkbox"/>
	Self-employed <input type="checkbox"/>	Looking after the home <input type="checkbox"/>
	Full-time education <input type="checkbox"/>	

To help us ensure this is a representative of our local community please indicate which of the following ethnic background you would most closely identify with.

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian/ Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black/ Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	
Other Ethnic Group:	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>	

Many thanks for taking the time to complete this questionnaire