

Customer Satisfaction Questionnaire Results

1. Rating of 1-5 for the following:

1 = Unacceptable 2 = Poor 3 = Good 4 = Very Good 5 = Excellent

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|--|---|---|---|---|---|
| a) Are your calls to the Independent General Practice answered promptly? | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

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|--|---|---|---|---|---|
| b) Are appointments made at a time suitable for you / your family? | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

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|--|---|---|---|---|---|
| c) On your first visit did you have any problems finding the clinic? | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

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|---|---|---|---|---|---|
| d) Were you greeted at the clinic in a manner that met your expectations? | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

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|---|---|---|---|---|---|
| e) Did the doctor explain the medical processes to your satisfaction? | 1 | 2 | 3 | 4 | 5 |
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|--|---|---|---|---|---|
| f) Did the medical examination fit with your expectations? | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|

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|---|-----|----|
| g) Would you recommend The IGP to friends / colleagues? | Yes | No |
|---|-----|----|

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| h) Overall, were you satisfied with the service you received? If the answer is no, please tell us why. | Yes | No |
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|-------------------|---|---|---|---|---|
| i) Overall rating | 1 | 2 | 3 | 4 | 5 |
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2. Other Information or Comments - Please use this space to add any other comments:

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3. Where did you first hear about us? - Please tick the box that applies to you.

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|-------------------------------|--|--------------------|--|
| Recommendation (professional) | | Word of Mouth | |
| Internet (Search Engine) | | Magazine/Newspaper | |
| Yellow Pages / Yell.com | | Other | |

Thank you for taking the time to fill out our Customer Satisfaction Questionnaire.