

Toolkit for developing practice-specific questionnaires



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Recommended citation

The Royal Australian College of General Practitioners. Toolkit for developing practice-specific questionnaires. East Melbourne, Vic: RACGP, 2019.

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ABN: 34 000 223 807
ISBN: 978-0-86906-419-1

Published August 2014, revised May 2019, revised May 2021

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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1. Introduction

This document provides information and resources to assist practices in developing their own patient experience questionnaire for the purpose of meeting **Criterion QI1.2** of the RACGP *Standards for general practices* (5th edition) (the Standards).

Resources provided in this document include:

- sample questions practices can use to build their questionnaire
- guidance on developing additional questions
- a blank template practices can use to build their questionnaire
- sample patient information sheets regarding the questionnaire
- a guide for practice staff on patient selection and data management
- a pre-testing guide that will assist practices in piloting any questions developed for the questionnaire
- a Microsoft Excel spreadsheet for data entry and reporting that will assist in determining areas that require quality improvement activities.

These resources have been produced as guidance for practices. As such, each resource will need to be adapted to ensure it is relevant for your practice.

Practices wishing to develop and use their own questionnaire should note that doing so requires an upfront investment, particularly in staff time. However, the benefits to practices developing their own questionnaire is that the staff have a sense of ownership over the process, it is directed to specific quality improvements in your practice and it can be repeated as required.

Practices wishing to develop and use their own questionnaire must complete the application form available at www.racgp.org.au/running-a-practice/practice-standards/patient-feedback-requirements and submit this to the RACGP for approval (via email to standards@racgp.org.au). Once approved, practices are able to commence the process of having patients complete the practice-specific patient feedback questionnaire.

2. Understanding the process

Tasks required for developing and conducting your own practice-specific questionnaire using the resources provided in this document are:

- designing the questionnaire, including the relevant questions
- formatting the questionnaire (requires advanced Microsoft Word competencies)
- distributing the questionnaires
- answering any patient queries relating to the questionnaire and the questionnaire process
- managing data entry (requires basic Microsoft Excel competencies)
- analysing the data (requires advanced Microsoft Excel competencies)
- writing the report that summarises the results
- providing feedback to practice staff and patients.

3. Designing a questionnaire

The purpose of the patient experience questionnaire is to ask a random sample of patients questions about their experience with your practice. This allows you to estimate the likely experiences of all patients attending your practice.

Developing or changing a questionnaire requires particular expertise and knowledge in order to ensure the questionnaire is easy for patients to complete and produces accurate and meaningful results. Any aspect of the questionnaire (eg length, question type, content, order of questions, wording, answer options) can deter patients from answering accurately or completely.

Writing all of the questions in a questionnaire from scratch is a time-consuming exercise, particularly when ensuring you adequately cover relevant themes and word the questions to make them easy to understand. For this reason, the RACGP strongly recommends that you:

- use the available questionnaires, which have been developed by social research specialists
- change a questionnaire (ie add or alter existing questions) only if absolutely necessary.

Refer to [section 3.2](#) for guidance on developing your own questions. More information on questionnaires you can use can be found in the Standards [Patient feedback guide](#).

3.1 Developing the questionnaire

Being sure of what you wish to measure is the first step in survey design.

To meet the requirements of [Criterion QI1.2 – Patient feedback](#) you must collect:

- feedback based on six themes (as outlined below) that address different aspects of patient, carer and other relevant people's experience at your practice
- the demographics of the patients.

Box 1. Six themes addressing patient experience of general practice

The RACGP has identified six themes that address aspects of patient experience of general practice:

- Access and availability
- Provision of information
- Privacy and confidentiality
- Continuity of care
- Communication and interpersonal skills of administrative staff
- Communication and interpersonal skills of clinical staff

You are required to ask questions based on each of these themes, and you need to include a minimum of three questions under each patient feedback theme.

These questions can be:

- selected from the RACGP's questionnaire in [Appendix B](#)
- developed by the practice*
- a combination of both of the above.*

Questionnaire responses should help you identify what is important for your patients and indicate where your practice may be able to make improvements.

You must ensure the questionnaire covers all core patient demographics outlined in the [Patient feedback guide](#). You can use the sample questions within this resource or develop your own.

3.2 Guidance for developing your own additional questions

If you wish to develop your own questions, you must ensure they are:

- short, simple and clear (avoid jargon and acronyms)
- relevant to your practice
- not 'double-barrelled' (ie only address a single issue at a time; if you are using the words such as 'and', 'or', 'but', consider whether two questions would be better).

Addressing the themes of patient experience

Make sure your questions address one or more of the themes on which you need to collect patient feedback ([section 3.1](#)).

Ask questions that allow patients to select from a range of responses (ie 'poor', 'fair', 'good', 'very good', 'excellent'), rather than limited responses (ie 'yes/no', 'agree/disagree', 'satisfied/dissatisfied'). However, the exception to this is where answers can only be 'yes' or 'no' (eg 'Have you been to another general practice in the last year?').

Patient feedback over a period of time

Specify the period of time to which you want patients to refer (eg their most recent visit, the previous three months). The sample questions provided in [Appendix B](#) have been based mostly on the 'last visit' of a patient. Measuring a patient's experience based on their last visit means it will be fresh in their memory and will provide a clear event for the patient to focus on.

However, some issues cannot be measured by the last visit. For example, the suitability of the after-hours care arrangements a practice has in place. For issues such as this, it is suitable to design questions based on the experience of the practice over a different period of time, such as the previous three months or the previous year.

In developing your own questions, you must consider whether these should be aimed at the last visit, previous three months, previous year or any other defined period of time. It is important to understand that when asking questions about a specific period of time, a patient may have had diverse experiences over that time and it may not be clear to them what specific issue is being measured.

*Will require RACGP approval.

Avoid sampling bias

Do not use any questions that could result in sampling bias (ie when some members of the intended population are less likely to be included than others). For example, avoid questions with phrases such as 'When you email the practice ...' as this will exclude patients who do not use email.

Use everyday words and phrases

It is important to use simple, easy-to-understand words, phrases and concepts. For example, avoid complex sentences such as 'Please rate the consequences of not having your treatment un-checked in subsequent instances'. This type of wording could make it difficult for people with low levels of literacy or for whom English is a second language to complete the questionnaire.

Ask one question at a time

Questions that ask about two different events, otherwise known as 'double-barrelled' questions, can result in confusion. Use of a conjunction (and, or, but) is a good indication of a double-barrelled question.

For example, the question 'Were you happy with the way in which the general practitioner [GP] referred you to good specialists and other healthcare providers?' may result in confusion for a patient who considers a referral from the GP to a specialist a good referral, but referral to an osteopath a poor referral.

As another example, the question 'Were you fully informed of the risks and benefits of the treatment?' may be difficult for a respondent to answer if benefits were explained but risk was not mentioned. A solution may be to provide two questions: 'Were you fully informed about the risks of the treatment?' and 'Were you fully informed about the benefits of the treatment?'

Keep to one issue per question or statement

Ensure you only discuss one issue per question or statement. For example, avoid questions/requests such as 'Please rate the information you received about your medications and when to take them', because while the patient might have received adequate information about the medications, they may have not been given information regarding when to take them.

Be specific

Avoid questions that do not provide specific information. For example, a sentence such as 'The length of the consultation is about right' can present a problem because, if patients respond with 'disagree' or 'strongly disagree', it fails to address whether they believe the consultation was too long or too short.

Ask specific questions or use specific statements to be rated. For example, a statement such as 'The clinician clearly explained the possible side effects of the medication' is effective because it highlights precisely where a problem might be and what needs to be done to eliminate it.

Avoid questions that rate general levels of satisfaction. For example, a question such as 'How would you rate the care you received?' is unlikely to elicit an answer that tells you what needs to be done to improve care in your practice. Specific questions or requests such as 'Please rate the quality of the information you received about how to take your medications' are more likely to provide the information required. Receiving more precise

information about what might have gone wrong (eg '23% of patients were not given a clear explanation of their test results') tells you exactly what needs to be done to improve patient care.

It is also a good idea to include open-ended questions in order for patients to be able to provide additional and more specific information and feedback.

Test the questions

It is important for a survey question to measure what it is intended to measure. This can be tested by reading the question out loud, asking colleagues and engaging patients in a pre-test.

For example, asking a question that begins with 'The last time you saw a doctor ...' can be confusing for patients because they may relate this to any doctor, including a GP in your practice or another practice, a specialist or a doctor in a hospital.

You can use the sample questions in the pre-testing guide in [Appendix E](#).

The ordering of questions

Practices must consider the order of the questions in their survey.

For example, the questions 'How long did you have to wait to get this appointment prior to coming to the clinic?' and 'How long did you have to wait after you arrived at the clinic?' should be placed together in a survey. This will ensure patients clearly distinguish between the two waiting times.

3.3 Formatting and layout

The questionnaire should be clearly laid out and designed so as to encourage respondents to answer all questions. Respondents are less likely to complete all questions if a questionnaire is too long.

Questionnaires should be printed on a single page (A4 or A3) where possible, because pages can easily be lost from stapled questionnaires.

Fonts should be large enough to allow all patients to easily read all instructions and questions. The text should also be written so it is clear which responses relate to which questions.

4. *Selecting patients to complete the questionnaire*

The purpose of a questionnaire is to obtain responses from a sample of a population in order to generalise findings to the population as a whole. Drawing a sample (selecting patients to complete the questionnaire) is important in order for you to be confident that the survey measures the experience of all patients in the practice. The best questions and analysis will be useless if you don't get the sample right.

To ensure an appropriate sample of patients, practices first need to calculate the number of questionnaire responses they require. You are required to obtain completed questionnaires from at least 30 patients for each full-time equivalent (FTE) GP in your practice. If you wish to gather information about the individual GPs in your practice, you are required to collect 50 completed questionnaires from patients who regularly see each GP, regardless of the GP's FTE status. In this case, the questionnaires will need to be coded in order to identify which GP they relate to. This code could be a number or colour on the top of the questionnaire.

You generally need to collect feedback from a representative sample of your entire patient population in order to draw the most accurate conclusions about your patients' experiences and needs.

This means you must collect feedback from patients of different ages, cultural and linguistic backgrounds, gender, visiting frequency and education levels.

In situations where a patient may be unable to provide feedback themselves, parents, guardians and/or carers may provide feedback on the patient's behalf.

4.1 **Selecting subsets of patients**

There may be occasions where it is desirable to focus on a particular subset of your patients in order to collect feedback specifically about their needs. For example, you may want to collect feedback from Aboriginal and Torres Strait Islander patients, patients who have a chronic condition or patients who are new to your practice.

Even when focusing on a subset of patients, aim to collect feedback from a representative sample of that subset. For example, if you are collecting feedback from patients who have a chronic condition, consider whether you also need to have a gender balance and a mix of ages and backgrounds.

4.2 **Achieving a representative sample**

Patients must be randomly selected in order to achieve a representative sample. This means:

- patients cannot nominate themselves (eg do not leave blank questionnaires at reception or ask patients to self-nominate for focus groups or interviews)
- staff members cannot select patients
- patients must be selected from each day on which you are normally open and from throughout each of those days (eg Monday 8.00 am to Saturday 1.00 pm).

4.3 Methods for ensuring you achieve a representative sample

The two primary methods for ensuring a representative sample are 'random selection' and 'multiple versions'.

Examples of random selection include:

- selecting every tenth patient every day for two weeks to participate in patient feedback activities and if, say, the twentieth patient declines to participate, the next patient asked will be the thirtieth
- asking every fifth patient who telephones the practice.

Examples of multiple versions include:

- making paper and electronic versions of a questionnaire available
- having translations available in languages common within your patient population.

5. Pre-testing the questionnaire

Before submitting your application to the RACGP for approval, you must first conduct a pre-test of your questionnaire.

A pre-test is undertaken by administering the questionnaire to a small and representative number of patients to ensure the questions are easy to understand and respond to. The pre-test should identify reasons for any questions that have not been completely answered, as well as why any patients refused to respond to particular questions.

This process of pre-testing the questionnaire before formally commencing data collection gives you an opportunity to ensure you and your patients have a common understanding of the questions being asked. This will ensure the questionnaire will accurately measure patients' experiences of your practice in a consistent way.

If the pre-testing process shows that changes need to be made to the questionnaire prior to its effective use, these changes should be made prior to submission for RACGP approval.

6. RACGP approval

Once you complete a pre-test of your survey you must submit it to the RACGP for approval. Email a copy of your questionnaire, along with the required documentation, to standards@racgp.org.au

Box 2. Required documentation for a practice-specific questionnaire application

- Completed practice-specific questionnaire application form
- Copy of the practice-specific questionnaire that has been pre-tested
- Copy of the information sheet/s that will be provided to patients
- Copy of the staff instructions for administering a practice-specific questionnaire
- Template report (or sample report) to demonstrate how patient experience data will be summarised in a format that enables the practice to identify areas for quality improvement

7. Conducting the survey

After receiving RACGP approval of your practice-specific questionnaire, you can conduct the survey.

7.1 Provide staff members with clear instructions

Explain to staff members why you are collecting feedback, and how many questionnaires you need to collect.

It is also important to provide staff members with clear instructions as to exactly what they need to do to facilitate collecting the patient feedback.

Practices are required to prepare clear written instructions for staff members, outlining the process to be undertaken, the number of questionnaires to be obtained, and the manner in which the completed questionnaires are to be collected and stored once returned to the practice.

For example:

- invite every fifth or tenth patient to participate in feedback collection using the pre-printed invitation
- provide patients with the questionnaire and the instructions after their appointment
- ensure completed questionnaires are placed in a secure area and removed only when there are no patients in the administration area
- securely store completed questionnaires
- maintain an accurate count of how many completed questionnaires have been returned to the practice.

You can use the sample instructions in [Appendix C](#) and adapt as appropriate.

7.2 Inviting participation

When you invite a patient to participate in providing feedback, it is important to explain:

- they have been selected at random
- they do not have to participate if they do not wish, and choosing to not participate will not affect their treatment
- all responses are anonymous and will remain confidential.

You can use the sample invitation in [Appendix A](#) if appropriate.

If patients decide to complete the questionnaire in your practice:

- provide them with a private and comfortable location
- ensure a practice staff member is available at short notice in case the patient needs assistance.

If patients are completing a paper version of the questionnaire in the practice, provide them with:

- a clipboard and two working pens
- an envelope into which they can place their completed questionnaire.

If a patient expresses any problems, complaints or concerns, listen carefully and respond accordingly.

7.3 Collecting, counting and storing questionnaires

Follow the below steps as you receive each questionnaire.

For paper questionnaires

1. Check to make sure each returned questionnaire has been completed by the patient. If incomplete, randomly select another patient and provide them with a questionnaire for completion.
2. Write a unique number at the top of each questionnaire that indicates how many have been collected.
3. Staple all pages of the questionnaire together (if they are not already secured).
4. Store with other questionnaires in a secure area (eg a locked filing cabinet). You might want to group completed questionnaires according to day, week or another category, using separate files, large bags or bulldog clips.

For electronic questionnaires

1. Give the questionnaire a unique file name that indicates how many have been collected (eg 'Patient feedback questionnaire November 2019, #34').
2. Save the questionnaire into a dedicated folder with an appropriate name (eg 'Patient feedback questionnaire November 2019').
3. Keep track of how many you have collected, so you know when you have collected the required number.

8. Using patient feedback results

Following collection of the required number of completed questionnaires, you must analyse the data collected. This analysis should determine areas where your practice is performing well and where quality improvement activities may be implemented. You can choose to use the data entry and reporting spreadsheet in [Appendix D](#) to assist with this.

The results of this analysis should then be presented in a report that includes:

- a summary of demographic data (eg number of patients, age groups, gender, languages spoken at home, Aboriginal and Torres Strait Islander status, frequency of visits)
- results in an easily understood format (entering data into a spreadsheet means you can use it to generate graphs, pie charts, etc)
- responses to any open-ended questions
- a summary of what works well in the practice (just as important as identifying areas for improvement)
- a summary of areas where improvement is necessary
- a response as to what the results mean for the practice
- a plan on how to communicate changes to patients.

8.1 Share results with patients

The practice is required to share the results of patient feedback with patients. Consider the communication channels for sharing the results such as emails, flyers, newsletters and posters in waiting rooms.

Refer to [Appendix F](#) and [Appendix G](#) respectively for sample templates on providing results and notification of changes to patients.

8.2 Use your analysis to make improvements

Involve the whole team. Arrange a meeting of the practice team in order to:

- discuss results of the analysis
- identify issues to be addressed
- discuss how to address these issues.

If you have collected feedback about individual GPs or clinical staff members, discuss the results with the individuals privately.

8.3 Develop an action plan

A clear action plan will help your practice implement appropriate changes based on feedback and satisfies Indicator [QI1.2▶B](#) of the Standards.

To develop an effective plan, include all of the following in your action plan.

- Determine what action you are going to take:
 - identify and prioritise changes your practice will make

- identify how you can do more of what your patients indicated they like about the practice (ie ensure you do not solely focus on the negative issues)
- identify feedback that you are not going to be able to address, and outline the reasons why.
- Determine how, who and when:
 - identify the person primarily responsible for each change
 - identify tasks that need to be completed for each change, as well as who will undertake each sub-task
 - plan when each change will be made (you might immediately make smaller changes to address issues that arose for many patients, or attend to major issues first)
 - set dates on which to review progress.
- Develop detailed, achievable actions:
 - ‘We will extend our opening hours’ is not specific and does not include an implementation date; instead, use ‘By July 2019 we will have extended our opening hours by one hour each weekday, and two hours on Saturdays’
 - ‘By the end of this year, we will make sure patients understand what they are meant to do with their medication’ is not specific and there is no way of measuring whether it is being done; instead, use ‘By the end of this year, every GP in the practice will give patients written instructions about their medication and place a copy in the patient’s file’.
- Measure what actions you have taken:
 - decide how you are going to know when you have achieved your objectives
 - decide how you will determine the impact of the change (eg via a short, specific questionnaire).
- Tell patients about the action you have taken:
 - decide how you will notify your patients of changes in the practice.

8.4 Make the changes

Implement the changes in accordance with the practice’s action plan.

You may want to adopt commonly used methods for implementing changes (eg the Plan, do, study, act [PDSA] cycle), along with other project management tools and techniques. The tools and techniques you choose will depend on the size, duration and complexity of each planned change.

As you implement each change, record:

- what has been done
- when it was completed or implemented
- any variations to the action plan, including reasons for the variation.

8.5 Compare results over time

Making necessary changes according to patient feedback means patients may no longer be concerned about some issues in the practice. In order to help check patients’ concerns are being addressed, and to measure the impact of changes you have made, you can compare the most recent results with previous results. This means you may need to store previous feedback results for several years.

Appendix A: Sample patient information sheets

Introduction

This appendix contains two sample patient information sheets that you can choose to use as a basis for your own practice-specific patient information sheet. The first sample patient information sheet should be given to patients who have been selected to complete the questionnaire when they first enter your practice (prior to their appointment). It explains that your practice is asking patients to fill in a questionnaire in order to collect feedback for quality improvement purposes. It also explains that this is a voluntary process and will not impact on the care they receive.

The first patient information sheet is given to patients when they first come into the practice in order to allow them enough time to think about participating and make an informed choice as to their involvement.

The second patient information sheet is given to patients, along with the questionnaire, after the conclusion of their appointment. It further explains the process and includes information on how to complete the questionnaire. You can change these documents as required.

Instructions for using sample information sheets

- Select the text in 'Sample patient information sheet 1'.
- Copy and paste this into your practice letterhead.
- Insert your practice name where appropriate.
- Ensure formatting is correct and the information fits on one page.
- Save the document.
- Repeat this process for 'Sample patient information sheet 2'.
- Print the required number of both patient information sheets.
- Attach these to the questionnaire to ensure they are provided to those patients selected to participate in the survey.

Sample patient information sheet 1

[insert practice letterhead]

Patient experience questionnaire

[insert practice name] is currently asking our patients to fill in a questionnaire in order to gather feedback on their experience with our practice so we can improve our patient care. This feedback will help us better understand what our patients want.

We would like to give you the questionnaire following your appointment today for you to complete before you leave the practice. The questionnaire relates to your visit today. It will take you less than 10 minutes to complete.

Some important points:

- You do not have to complete the questionnaire if you do not wish to.
- The questionnaire is confidential and anonymous.
- Your care at the practice will not be affected if you do not participate.
- Your care at the practice will not be affected by the answers you provide.
- We would like you to answer all the questions in the questionnaire.
- There are no right or wrong answers; it is your opinion that is important to us.

If you have any questions about the questionnaire, you can ask the receptionist, your doctor or other clinicians you might see at the practice today.

Please return this patient information sheet to a reception staff member when your consultation is over, and tell us whether you would like to participate. If you choose to take part, the staff member will give you a questionnaire to complete.

We look forward to continuing to provide you with high-quality healthcare.

Yours faithfully,

The GPs and staff members at [insert practice name]

Sample patient information sheet 2

[insert practice letterhead]

Patient experience questionnaire

Thank you for agreeing to complete [insert practice name]'s questionnaire about your visit to our practice today.

The questionnaire is designed to gather feedback from patients on their experience with our practice so that we can improve our patient care. This feedback will help us better understand what our patients want.

The questionnaire is voluntary, confidential and anonymous. Your answers cannot be linked to you in any way. Your care will not be affected by completing the questionnaire or if you change your mind and decide not to complete it.

To complete the questionnaire, please answer every question by placing a tick in the box that most closely matches your answer. We would like you to answer every question.

- If the question does not apply to you, there is a 'Not applicable' (N/A) option.
- If you do not know the answer, you can use the 'Don't know' option.

Your opinion is important to us. There are no right or wrong answers; we simply want you to rate your experience of the practice. The information will assist the doctors, nurses and other staff to help improve patient care. If you have any questions about the questionnaire, please ask the receptionist.

When you have finished the questionnaire, place the completed questionnaire in an envelope and put it in the box at reception. Please DO NOT take the questionnaire home.

Remember, the answers are confidential and you will not be identified in any way.

We appreciate your time and help, and look forward to continuing to provide you with high-quality healthcare.

Yours faithfully,

The GPs and staff members at [insert practice name]

Appendix B: Sample questions for practice-specific patient experience questionnaires

Important information

Using the sample questions

This appendix contains a set of sample questions to use to assist in developing your questionnaire. These sample questions are categorised under each of the six quality improvement themes noted in the *Patient feedback guide*.

You can select from the set of sample questions and copy them into the blank questionnaire template available at the bottom of the [patient feedback requirements](#) web page.

A minimum of three questions must be selected from each theme and you must ensure the questions you choose will cover the relevant quality improvement theme. It is essential the questions you choose, as well as those you develop yourself, adequately cover each of the six quality improvement themes.

Each question must be relevant to your practice and your patient population. All patient demographic questions (those under the heading 'Some things about you') and the open-ended question are mandatory and must be included in all questionnaires.

Developing your own questions

If you choose to develop your own questions you must ensure they address and cover all of the required themes of patient experience and the core patient demographics.

You may also design questions that address issues specific to your practice (outside the required themes and demographics). For example, if your practice runs an immunisation session, diabetes education sessions or asthma group education sessions, you may wish to ask about patients' experiences of these. In this instance, you must first ensure all themes have already been covered by other questions.

It is recommended that practice-specific questions be based on the patients' 'last visit' or 'an experience in the past three months' with the response scales (1 to 5) used in the blank questionnaire template Word document found on the [patient feedback requirements](#) web page.

Sample questions

Some things about you	
<p>Are you?</p> <p><input type="checkbox"/>₁ Male <input type="checkbox"/>₂ Female <input type="checkbox"/>₃ Other <input style="width: 100px;" type="text"/></p>	<p>Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No</p>
<p>Have you been to another general practice in the last year?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No</p>	<p>Which languages do you speak at home? Tick all spoken</p> <p><input type="checkbox"/>₁ English</p> <p><input type="checkbox"/>₂ Arabic</p> <p><input type="checkbox"/>₃ Cantonese</p> <p><input type="checkbox"/>₄ Mandarin</p> <p><input type="checkbox"/>₅ Vietnamese</p> <p><input type="checkbox"/>₆ Hindi</p> <p><input type="checkbox"/>₇ Greek</p> <p><input type="checkbox"/>₈ Other <input style="width: 150px;" type="text"/></p>
<p>What is your age?</p> <p><input type="checkbox"/>₁ 15–24 years</p> <p><input type="checkbox"/>₂ 25–44 years</p> <p><input type="checkbox"/>₃ 45–64 years</p> <p><input type="checkbox"/>₄ 65 years or over</p> <p><input type="checkbox"/>₅ Don't wish to say</p>	<p>Do you have any of these concession cards?</p> <p><input type="checkbox"/>₁ Health Care Card</p> <p><input type="checkbox"/>₂ Pensioner Concession Card</p> <p><input type="checkbox"/>₃ Any Veterans' Affairs treatment entitlement card</p> <p><input type="checkbox"/>₄ Not covered by any concession card</p>
<p>How long have you been coming to this practice?</p> <p><input type="checkbox"/>₁ Less than 1 year</p> <p><input type="checkbox"/>₂ 1–2 years</p> <p><input type="checkbox"/>₃ 3 years or more</p> <p><input type="checkbox"/>₄ Not sure</p>	<p>What is the highest level of education you have reached?</p> <p><input type="checkbox"/>₁ Some high school</p> <p><input type="checkbox"/>₂ Completed high school</p> <p><input type="checkbox"/>₃ Currently studying for a degree or diploma</p> <p><input type="checkbox"/>₄ Completed a trade or technical qualification</p> <p><input type="checkbox"/>₅ Completed a degree or diploma</p> <p><input type="checkbox"/>₆ Postgraduate degree</p>
<p>How many times have you visited this practice over the past 12 months?</p> <p><input type="checkbox"/>₁ Only this visit</p> <p><input type="checkbox"/>₂ 2–5</p> <p><input type="checkbox"/>₃ 6–10</p> <p><input type="checkbox"/>₄ 11 or more</p> <p><input type="checkbox"/>₅ Not sure</p>	
<p>Was this visit for yourself or someone you are caring for?</p> <p><input type="checkbox"/>₁ Self <input type="checkbox"/>₂ Someone else</p>	

Access and availability

Select at least three questions that are most appropriate to your practice.

Q1. Making an appointment and waiting to see a clinician at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Seeing the clinician of your choice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Getting an appointment for a time that suited you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The time you had to wait to get this appointment (before getting to the clinic)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The time you had to wait after you arrived at the clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The amount of time spent travelling to the clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Ease of parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Getting reminders for your appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The comfort of the waiting room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about making an appointment and waiting to see a clinician?

Communication and interpersonal skills of administrative staff

Select at least three questions that are most appropriate to your practice.

Q2. Your experience with reception staff at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Were welcoming upon your arrival	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Were professional in dealing with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Considered your needs when making an appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Let you know about any delays while you were waiting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Were courteous and polite	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Had good reading material	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Catered for children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about your experience with reception staff at your last visit?

Communication and interpersonal skills of clinical staff

Select at least three questions that are most appropriate to your practice.

Q3. Your experience of the interpersonal skills of the clinician at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Treated you with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Understood your personal circumstances	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Had enough time to talk about the things that were important for you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Cared about you as a person	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Made you feel comfortable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Showed sensitivity to your concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Told you all you wanted to know about your condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Let you talk about alternative therapies you were using	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about your experience with clinical staff at your last visit?

Select at least three questions that are most appropriate to your practice.

Q4. Your experience of the way clinicians communicated with you at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
The clinician had enough time to listen to what you had to say	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Helped you understand your medical condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Explained the purpose of tests and treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Involved you in decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Helped you understand what to do when you went home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Accepted your decision to seek alternative treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Adequately discussed your personal issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Guided you on how to take medicines correctly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Allowed you to have the final choice about tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Allowed you to have final choice about treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Really listened to what you had to say	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about the way clinicians communicated with you at your last visit?

Provision of information

Select at least three questions that are most appropriate to your practice.

Q5. Your experience of the information given to you by clinicians at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
The amount of useful information given about your condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The amount of useful information given about your treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Information about how to take your medicines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Information about side effects of any treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Information about how to stay healthy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Information about how to prevent future health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Gave you useful written information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Told you where to find reliable information on the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about the information given to you by clinicians at your last visit?

Privacy and confidentiality

Select at least three questions that are most appropriate to your practice.

Q6. Your experience of privacy at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Privacy in the waiting area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Privacy when you were examined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Being able to discuss personal issues that were sensitive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Your understanding how medical records are kept private in the clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The way in which information was given to other clinicians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The way the electronic records were explained to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Asked your permission before another clinician came to the appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about your experiences of privacy at your last visit?

Continuity of care

Select at least three questions that are most appropriate to your practice.

Q7. Your experience of the way your clinician worked with other healthcare professionals at your last visit

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Knew your medical history at the clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The clinician was aware of advice you had received from other health professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Gave you options for specialists or other health providers you need to see	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Coordinated different healthcare professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Allowed you to have the final choice about which other professionals to see	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Gave the right amount of information to other healthcare professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

Experience over last year

Select at least three questions that are most appropriate to your practice.

Q8. Thinking about your experience with the general practice over the past year

Statements (please rate the practice on the following)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Suitability of clinic opening hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Being able to see a doctor at the clinic when you needed urgent care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Being able to see the doctor of your choice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Information about where to get medical care when the clinic is closed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The amount you paid for each visit to the doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Contacting a clinician by email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Being able to receive a home visit by a doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Providing your test results in an understandable way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about your experience with the general practice over the last year?

Open-ended question**Q9. If you could change one thing about this practice, what would you change?**

Thank you for taking the time to complete this questionnaire. Please put your completed questionnaire in the secure box at reception.

[If you wish to measure a particular specialty your practice offers, please consider using the following]

Measuring a specialty**Q10. Are you aware that this practice specialises in [specialty]?**
₁ Yes ₂ No ₃ Not sure
Q11. Have you ever received treatment at this practice for [specialty]?
₁ Yes ₂ No ₃ Not sure
Q12. Thinking about your experience of [specialty] at this practice

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Helped you understand your [specialty] condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Explained the purpose of tests and treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Involved you in decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Allowed you to have the final choice about tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Allowed you to have the final choice about treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Understand how the [specialty] condition affected your life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about the way your clinician worked with other healthcare professionals at your last visit?

Thank you for taking the time to complete this questionnaire. Please put your completed questionnaire in the secure box at reception.

Appendix C: Staff instruction guide on administering the questionnaire

Introduction

This appendix is a guide for patient selection which practices can use to provide guidance to their staff. This guide suggests an approach to conducting the questionnaire in your practice.

This guide includes suggestions relating to:

- the total number of completed questionnaires (the sample) required for your practice
- how to select a sample of patients
- how to recruit the selected patients
- managing the patient sample.

How many completed questionnaires are required?

The *Patient feedback guide* requires practices to obtain completed questionnaires from at least 30 patients for each FTE GP. If you wish to gather information about the individual GPs in your practice, you are required to collect 50 completed questionnaires from patients who regularly see each GP, regardless of the GP's FTE status. In this case, the questionnaires will need to be coded to identify which GP they relate to. This code could be a number or colour on the top of the questionnaire.

Patient selection

Careful patient selection means questionnaire results can be generalised to describe those attending your practice. As such, it is important patients are selected randomly and every patient has an equal chance of being selected.

Patients recruited to complete the questionnaire should be randomly selected on every day of the week and at different times throughout the day. Selecting every 'nth' patient who comes into the practice – every fifth or tenth is common – is the best method for gathering an appropriate sample.

Patients should not be allowed to nominate themselves, nor should practice staff select patients they think will want to complete the questionnaire or provide positive responses.

Patients who are selected should be reminded that all responses are anonymous and they do not have to complete the questionnaire if they do not wish to. It is up to the individual patient to choose whether or not they will participate.

The practice staff member responsible for selecting patients needs to reassure them that choosing not to do the survey is not a problem and will not affect their treatment.

Once you have decided on the way you are going to select respondents, you must follow the same method. If you have decided every fifth patient will be asked to

complete the questionnaire and the tenth patient refuses, then the fifteenth patient will be the next person asked.

If the person handing out the questionnaires writes down the number of patients who visit the practice through the day and gives one to every fifth patient, they can then draw a line through the count and start again each time (Figure 1).

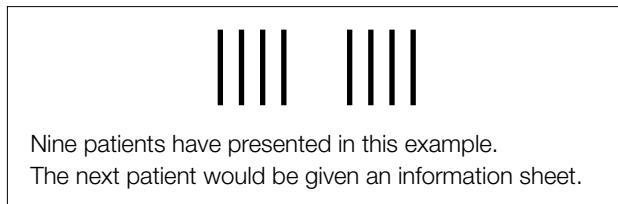


Figure 1. Keeping count of patients

Managing the process

The questionnaires given back to the practice at the end of each day should be checked and sequentially numbered for ease of data entry. They should then be bundled (large elastic bands or bulldog clips are suitable) and kept in a secure, locked storage.

The number of completed questionnaires should be tallied until the required number of completed questionnaires is reached.

Appendix D: Data entry and reporting spreadsheet

This appendix is a Microsoft Excel file you can use in the data analysis process. It is freely available on the RACGP website at www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/patient-feedback-requirements

Information on how to use the spreadsheet is provided below.

Data entry and reporting spreadsheet

The 'Data entry and reporting spreadsheet' consists of two worksheets.

The 'Data entry' worksheet contains rows for eight questions, each of which has five statements (as per the RACGP patient feedback questionnaire), several rows that relate to the patient demographics you must collect, and columns for up to 800 questionnaires.

The 'Results' worksheet contains collated results based on the data entered into the first worksheet. The information is automatically inserted and calculated after you enter the data.

Preparing the data entry spreadsheet

1. Open the spreadsheet and save it to your hard drive or network, ensuring you:
 - use a file name that indicates the questionnaire from which you are going to record (eg 'Patient feedback questionnaire September 2019')
 - password-protect the document
 - save it in a folder that is only accessible to authorised staff members.
2. Copy and paste the questions and statements from your questionnaire into the 'Data entry' and 'Results' worksheets.
3. If your questionnaire has more than five statements for any question:
 - insert additional rows in each worksheet
 - copy the formula from the row above into the 'rating' column (this will ensure all responses are included in the 'Results' worksheet).

Entering data into the data entry spreadsheet

4. Enter the responses for each completed questionnaire into the data entry spreadsheet. You can do this by:
 - entering the numbers corresponding to each response provided in the relevant cell
 - selecting the response in the drop-down menu in the relevant cell.
5. If you have more than 800 questionnaires, insert extra columns and continue entering your data.

6. Record answers to open-ended questions by:

- entering the exact wording provided by the patient
- removing any identifying information
- highlighting any responses of particular importance or which appears in multiple responses so that you can easily find and use them when preparing the patient feedback report.

Data storage

Data from patient feedback is confidential and must be stored securely (eg in a locked filing cabinet or a password-protected computer file). The patient feedback data should be restricted to people who are working with the data. Access should be password-protected and restricted to personnel who are working with the data.

Appendix E: Pre-testing guide for practice-specific patient experience surveys

Introduction

This appendix will help your practice pre-test your questionnaire.

You are required to conduct a pre-test prior to submitting your application to the RACGP. A pre-test is undertaken by administering the questionnaire to a small and representative number of patients to ensure the questions are easy to understand and respond to. The pre-test should identify reasons for any questions that have not been completely answered, as well as why any patients refused to respond to particular questions.

Instructions for staff preparing for the pre-test

Before the pre-test

1. Determine which questions are to be included in your questionnaire and insert them into the template.
2. If using sample patient information sheets ([Appendix A](#)), review and adjust them for your practice. These sheets should be printed on your practice letterhead.
3. Identify the number of patients you plan to recruit to complete the questionnaire (10 will be sufficient for the pre-test).
4. Print the required number of patient information sheets and questionnaires.
5. Review the patient information sheets with reception and clinical staff.
6. Make any necessary changes after obtaining feedback.
7. Set up data entry template (or alternative data entry and analysis method).
8. Brief receptionist/s on how to select every fifth patient (or alternative sampling technique).

Conducting the pre-test

1. Recruit at least 10 patients.
2. Have each patient complete the questionnaire.
3. If possible, speak to each patient after they have completed the questionnaire to ask about the process and to test any new questions designed by the practice.
4. A very short additional questionnaire is included below, which seeks patients thoughts on the questionnaire and also asks for permission to contact the patients at home. This questionnaire can be printed on your practice letterhead and used for the pre-test if you wish.
5. Review the process for conducting the survey with reception staff in order to identify any difficulties with sample selection.
6. Enter data from pre-test respondents into the data entry template (or alternative data entry and analysis method).

A pre-test allows changes to be made before the survey is fully implemented. These changes may be to the questions or to the operational procedures. Areas to consider:

Sample selection

- Were reception staff able to select every fifth patient?
- Should patients be selected more or less frequently?

Response rates

- Did all patients selected collect their questionnaires?
- Did they complete them?
- Did they return them?
- What did patients say when the questionnaire was given to them?

By identifying reasons why patients did not agree to or did not complete the questionnaire, adjustments can be made to the process to improve responses without loss of data.

Time patients took to complete the questionnaire

- Was it too long?
- Were all questions completed?

Practice staff understanding their roles and tasks

- Did the staff have any problems?
- How could the process be improved?

Data entry

- Was the data entry easy?
- How much time did it take?
- Were there any errors?
- Were the results surprising?

If any changes need to be made as a result of the pre-test, you must review and revise the questionnaire and procedures. In this case, you must discard the original pre-test responses and the revised questionnaire should be also pre-tested.

If no changes are identified, you can use the responses received in the pre-test as part of the required number of completed surveys in the main survey.

Additional questions for the pre-test process

Q1. How would you rate the survey according to the following?

Statements (please rate each statement)	Poor	Fair	Good	Very good	Excellent	N/A	Don't know
Easy to understand	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Relevant to your experience of the visit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Easy to complete	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The comfort of the place where you completed the survey	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Quick to complete	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Processes to ensure your response was confidential	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Do you have any comments you would like to make about your experience in the survey pre-test process?

Q2. Was there anything about the survey that was not clear?

Please write your ideas below

Q3. Would you allow someone from the practice to telephone you at home to discuss the survey?

₁ Yes ₂ No ₃ Not sure

If yes, please provide your telephone number

The survey is not linked to your medical record to protect your privacy

Thank you for taking the time to complete this questionnaire. Please put the survey in the secure box provided at reception when you have finished.

Appendix F: Sample letter to share findings with patients

You can use the following sample letter to inform patients about the findings of the practice's patient feedback. Modify the content as necessary so it accurately reflects the feedback you received.

Dear [insert patient name],

Thank you for participating in the questionnaire we recently conducted in order to collect feedback from our patients.

We have now completed our analysis of the feedback and would like to share some of the significant findings with you.

Overall, we found that [choose from, or modify, the following statements]:

- [eg] most of our patients are happy with the level of healthcare they receive at our practice
- [eg] most of our patients are happy with the service they receive from our administration staff
- [eg] there are several ways we can improve the level of healthcare we provide
- [eg] there are several ways we can improve the service that our reception staff members provide
- [example of a more specific statement] most of our patients with disability are pleased with the recent upgrade that improved our disability access.

We are very pleased to report that most patients rated the following aspects of our practice as 'very good' or 'excellent' [insert up to five statements from the questionnaire that received high ratings]:

- [eg] The clinician at my last visit treated me with respect.
- [eg] I was able to get an appointment at a time that suited me.

As a result of the feedback collected from our patients, we are planning to make some changes to improve the services and care we provide. We will give you more information about these changes when we have finished our planning so you can see how your feedback is helping us improve.

Thank you again for your valuable contribution. Please call us on [insert phone number] if you have any questions regarding the feedback.

We look forward to continuing to provide you with high-quality healthcare.

Yours faithfully,

The GPs and staff members at [insert practice name]

Appendix G: Sample letter to inform patients about changes

You can use the following sample letter to inform patients about the changes you are going to make as a result of feedback received. Modify the content as necessary so it accurately reflects your planned changes.

Dear [insert patient name],

Thank you for participating in the questionnaire we recently conducted in order to collect feedback from our patients.

We would like to tell you about some of the changes we are going to make as a direct result of the feedback we received from you and other patients.

The following changes will be made at the practice [modify the following statements as required; use simple language so all readers can understand the change and, where possible, include the date by which the change will be made]:

- [eg] As of August 2019, the practice will be open for an extra hour every weekday, closing at 6.30 pm rather than at 5.30 pm.
- [eg] Your clinician will now provide you with written instructions for any medication they prescribe or recommend.
- [eg] In August 2019, we will be adding disabled toilet facilities.
- [eg] In October 2019, we will be upgrading our phone system so you will be able to request a callback if you are on hold.

Thank you again for your time and valuable contribution. Please call us on [insert phone number] if you have any questions about the feedback or the changes we are making.

We look forward to continuing to provide you with high-quality healthcare.

Yours faithfully,

The GPs and staff members at [insert practice name]



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