Blank questionnaire template for patient feedback questionnaires

**Introduction**

This blank questionnaire template is available to help build your patient feedback questionnaire.

This questionnaire can be used to:

* copy questions you wish to use from the RACGP questionnaire (you must ask a minimum of three questions under each theme, unmodified)
* develop a practice specific questionnaire using modified questions from the RACGP questionnaire and/or those you develop yourself \* (\*requires RACGP approval)

Questions to be included should come from the set of sample questions available in the [Patient Feedback Guide](https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/Patient-feedback-guide.pdf#page=38) or [Toolkit for developing practice-specific questionnaires](https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/4th%20edition/RACGP-Toolkit-for-developing-practice-specific-questionnaires.pdf).

The blank questionnaire template is divided into separate sections covering each of the quality improvement themes outlined in the [*Patient feedback guide*](https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/Patient-feedback-guide.pdf#page=11)*.* A minimum of three questions from each domain must be included. The questions must adequately and broadly cover each domain and each question should be relevant to your practice and patient demographic.

All patient demographic questions (under the heading ‘Some things about you’) and open-ended question must be included in all questionnaires.

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| **Instructions for using the blank questionnaire template**   1. Take the blank questionnaire template and put your practice information in the header. 2. Insert the questions you have chosen and/or developed. 3. Make sure the questions adequately and broadly cover each domain. 4. Include any questions you wish to ask about a specialty service you provide (eg. nurse practitioner consultations, acupuncture services, etc.) in the extra section provided. 5. Delete the extra section if you do not wish to ask any questions about a specialty service you provide. 6. Do not change the rating scale of the questions as this has been designed to assist in the analysis of responses. 7. Delete any unused rows where you are asking fewer than five questions per domain (this will avoid any patient confusion). 8. Try to keep the questionnaire to the equivalent of four A4 pages (this will help to keep overall response time to less than 10 minutes). 9. Print the survey. |

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| **Q1. Making an appointment and waiting to see a clinician at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about making an appointment and waiting to see a clinician? | | | | | | | | |

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| **Q2. Your experience with reception staff at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about your experience with reception staff at your last visit? | | | | | | | | |

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| **Q3. Your experience of the interpersonal skills of the clinician at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about your experience with clinical staff at your last visit? | | | | | | | | |

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| **Q4. Your experience of the way clinicians communicated with you at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about the way clinicians communicated with you at your last visit? | | | | | | | | |

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| **Q5. Your experience of the information given to you by clinicians at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about the information given to you by clinicians at your last visit? | | | | | | | | |

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| **Q6. Your experience of privacy at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about your experiences of privacy at your last visit? | | | | | | | | |

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| **Q7. Your experience of the way your clinician worked with other healthcare professionals at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 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? | | | | | | | | |

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| **Q8. Thinking about your experience with the general practice over the past year**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **N/A** | **Don’t Know** |
| a. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Do you have any comments you would like to make about your experience with the general practice over the last year? | | | | | | | | |

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| **Q9. If you could change one thing about the practice, what would you change?**  ***Please rate each statement*** |
| **Please write your ideas below:** |
|  |

**Some things about you**

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| **Q10. Are you?** | **Q11. Do you consider yourself to be of Aboriginal and/or Torres Strait Islander descent?** |
| 1 Male 2 Female | 1 Yes 2 No |
| **Q12. Have you been to another general practice in the last year?** | **Q13. Which languages do you speak at home? Tick all spoken** |
| 1 Yes 2 No | 1 English |
| **Q14. What is your age?** | 2 Arabic |
| 1 15 – 24 years | 3 Cantonese |
| 2 25 – 44 years | 4 Mandarin |
| 3 45 – 64 years | 5 Vietnamese |
| 4 65 years or over | 6 Hindi |
| 5 Don’t wish to say | 7 Greek |
| **Q15. How long have you been coming to this practice?** | 8 Other |
| 1 Less than 1 year | **Q16. Do you have any of these concession cards?** |
| 2 1 – 2 years | 1 Health Care Card  2 Pensioner Concession Card |
| 3 3 years or more |
| 4 Not sure | 3 Any Veterans' Affairs treatment entitlement card |
| **Q17. How many times have you visited this practice over the past 12 months?** | 4 Not covered by any concession card |
| 1 Only this visit | **Q18. What is the highest level of education you have reached?** |
| 2 2 – 5 | 1 Some high school |
| 3 6 – 10 | 2 Completed high school |
| 4 11 or more | 3 Currently studying for a degree or diploma |
| 5 Not sure | 4 Completed a trade or technical qualification  5 Completed a degree or diploma |
| **Q19. Was this visit for yourself or someone you are caring for?** |
| 1 Self | 6 Postgraduate degree |
| 2 Someone else |  |

**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.

Measuring a specialty

**Note:** this will require an additional page for the questionnaire. Replace words in angle brackets <...> with the specialty being included.

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| **Q20. Are you aware that this practice specialises in <specialty>?** | | | |
| Specialty | 1 Yes | 2 No | 3 Not sure |
| **Q21. Have you ever received treatment at this practice for <specialty>?** | | | |
| Specialty | 1 Yes | 2 No | 3 Not sure |

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| **Q22. Thinking about your experience of <speciality> at this practice?**  ***Please rate the practice on how it*** | | | | | | | | | | | | | | | |
| **Statements** | | **Poor** | | **G** | | **Fair** | | **Very good** | | **Excellent** | | **N/A** | | **Don’t**  **know** | |
| a. Helped you understand your <specialty>  condition | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 |
| b. Explained the purpose of tests and treatment | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| c. Involved you in decisions | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| d. Allowed you to have the final choice about tests | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| e. Allowed you to have the final choice about treatments | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| f. Understood how the <specialty> condition  affected your life | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| Do you have any comments you would like to make about your experience of <specialty> at this practice? | | | | | | | | | | | | | | | |

**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.