Attachment 3: Blank questionnaire template for practice-specific patient experience questionnaires

**Introduction**

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

Questions to be included should come from the set of sample questions available in *Attachment 2* and/or from those you develop yourself.

The blank questionnaire template is divided into separate sections covering each of the quality improvement domains outlined in the *Patient feedback guide: Learning from our patients* (updated August 2014). 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.

**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 speciality 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. Add additional rows as required where you are asking more than five questions per domain.
8. Delete any unused rows where you are asking fewer than five questions per domain (this will avoid any patient confusion).
9. 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).
10. 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** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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| **Q2. Your experience with reception staff at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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| **Q3. Your experience of the interpersonal skills of the clinician at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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| **Q4. Your experience of the way clinicians communicated with you at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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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** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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| **Q6. Your experience of privacy at your last visit**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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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** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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| **Q8. Thinking about your experience with the general practice over the past year**  ***Please rate each statement*** | | | | | | | | |
| **Statements** | | **Poor** | **Good** | **Fair** | **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 |
| N/A = Not applicable | | | | | | | | |

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

**Some things about you**

|  |  |
| --- | --- |
| **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 |  |

Measuring a speciality

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

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| --- | --- | --- | --- |
| **Q20. Are you aware that this practice specialises in <speciality>?** | | | |
| Speciality | 1 Yes | 2 No | 3 Not sure |
| **Q21. Have you ever received treatment at this practice for <speciality>?** | | | |
| Speciality | 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** | | **Good** | | **Fair** | | **Very good** | | **Excellent** | | **N/A** | | **Don’t**  **know** | |
| a. Helped you understand your <speciality>  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 <speciality> condition  affected your life | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| N/A = Not applicable | | | | | | | | | | | | | | | |

**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.