

## Outpatient Survey

Name of clinic:

Month visited:

1. From the time you were first told you needed an appointment, how long did you wait? <input type="checkbox"/> Up to 1 month <input type="checkbox"/> 1 month to 6 weeks <input type="checkbox"/> More than 6 weeks but no more than 3 months <input type="checkbox"/> More than 3 months but no more than 5 months <input type="checkbox"/> More than 5 months but no more than 12 months <input type="checkbox"/> More than 12 months but no more than 18 months <input type="checkbox"/> More than 18 months <input type="checkbox"/> I went to Outpatients without an appointment <input type="checkbox"/> I don't know/can't remember
2. Do you see the same doctor or other member of staff whenever you go to the Outpatients Department? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember
3. Once you arrived at the hospital, was it easy to find your way to the Outpatients Department? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, but it could be improved <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember
4. How long after the stated appointment time did the appointment start? <input type="checkbox"/> Seen on time or early <input type="checkbox"/> Waited up to 5 mins <input type="checkbox"/> Waited 6-15 mins <input type="checkbox"/> Waited 16-30 mins <input type="checkbox"/> Waited 31-60 mins <input type="checkbox"/> Waited more than 1 hour but no more than 2 hours <input type="checkbox"/> Waited more than 2 hours <input type="checkbox"/> I don't know/can't remember
5. Were you told how long you would have to wait? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I did not mind <input type="checkbox"/> No, but I would have liked to know <input type="checkbox"/> I did not have to wait <input type="checkbox"/> I don't know/can't remember
6. Were you told why you had to wait? <input type="checkbox"/> Yes <input type="checkbox"/> No, but I did not mind <input type="checkbox"/> No, but I would have liked an explanation <input type="checkbox"/> I did not have to wait <input type="checkbox"/> I don't know/can't remember
7. Did you have enough time to discuss your health or medical problem with the doctor? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not see a doctor <input type="checkbox"/> I don't know/can't remember
8. Did the doctor explain the reasons for any treatment or action in a way that you could understand? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not see a doctor <input type="checkbox"/> I don't know/can't remember
9. Did the doctor listen to what you had to say? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not see a doctor <input type="checkbox"/> I don't know/can't remember
10. Did you have confidence and trust in the doctor examining and treating you? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I did not see a doctor <input type="checkbox"/> I don't know/can't remember
11. Did the doctor seem aware of your medical history? <input type="checkbox"/> He/she knew enough <input type="checkbox"/> He/she knew something but not enough <input type="checkbox"/> He/she knew little or nothing <input type="checkbox"/> I did not see a doctor <input type="checkbox"/> I don't know/can't remember
12. Did a member of staff explain the purpose of the medicines you were to take home? <input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No <input type="checkbox"/> I didn't need an explanation <input type="checkbox"/> I was not given new medication <input type="checkbox"/> I don't know/can't remember
13. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department? <input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember
14. Overall, how would you rate the care you received at the Outpatients Department? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> I don't know/can't remember
15. Would you recommend this hospital to your family and friends? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No <input type="checkbox"/> I don't know/can't remember

**Please write in any additional comments using the back of this sheet.**

Please return your completed survey to: The Patient Relations Team, Freepost RLRJ-XCCE-CCZH  
Level 2 Main Entrance, Royal Berkshire Hospital, London Road, Reading RG1 5AN.

**Thank you for completing this survey**