

Patient Satisfaction Questionnaire

We would love to hear what you think about us! Please take a few minutes to complete this form and tell us what we did well and what we need to do better. It will help us to continually improve our service to everyone we care for in the community.

If you would like more information or have questions on how to complete the questionnaire, please contact 0203 642 9850

Please tick (✓) Are you filling this questionnaire for: Yourself Someone Else

Question 1: The health care person clearly explained the reason for my Health Check.

Agree

Disagree

Comments:

Question 2: The health care person gave me health advice in a way that I could understand.

Agree

Disagree

Comments:

Question 3: I was treated with dignity at all times.

Agree

Disagree

Comments:

Question 4: The information I received helped me to understand my risk of future health problems.

Agree

Disagree

Not applicable

Comments:

Question 5: I feel motivated to make changes as a result of my health check.

Agree

Disagree

Not applicable

Comments:

Question 6: I would recommend the service to my family and friends

Agree

Disagree

Comments:

Anything else you would like to tell us:

Thank You for taking the time to provide us with feedback