

Patient Feedback Audit

Patient Feedback Audit																										
2017 Total		Strongly disagree					Disagree					Neutral					Agree					Strongly Agree				
		1					2					3					4					5				
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Average												
1	How was the appearance of the clinic's physical facilities?	4.4	4.5	4.6	4.5	4.3	4.2	4.1	4.1	4.3	4.4	3.5	4.6	4.3												
2	How was the appearance of the clinic's equipment?	4.7	4.8	4.7	4.9	4.8	4.7	4.4	4.6	4.8	4.6	4.0	4.8	4.7												
3	How was the appearance of the clinic's Personnel?	4.9	4.9	5.0	4.9	5.0	5.0	5.0	5.0	5.0	4.9	4.7	4.9	4.9												
4	How was the appearance of the clinic's communication materials?	5.0	4.9	4.9	4.9	4.9	4.8	5.0	4.9	4.9	4.8	4.0	4.8	4.8												
5	How would you rate the level of service you received today?	5.0	5.0	5.0	4.9	5.0	5.0	5.0	5.0	5.0	4.8	4.7	4.9	4.9												
6	How would you rate the knowledge of the clinic's personnel today?	5.0	5.0	5.0	5.0	5.0	5.0	4.9	4.9	5.0	4.9	4.8	4.8	4.9												
7	How would you rate the courteousness of the clinic's personnel today?	5.0	4.9	5.0	5.0	5.0	5.0	4.9	5.0	5.0	4.8	4.8	4.9	4.9												
8	How well did the clinician assess your needs?	5.0	4.9	4.9	4.9	5.0	4.8	5.0	5.0	5.0	4.7	5.0	5.0	4.9												
9	How satisfied are you that your clinician has addressed your needs today?	5.0	4.9	4.9	5.0	5.0	4.8	5.0	5.0	5.0	4.9	5.0	5.0	5.0												
10	How well did your clinician perform your procedure today?	5.0	4.9	5.0	4.9	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0												
11	How satisfied are you with the promptness of the appointment you were given from the time you booked the appointment?	4.9	4.8	4.9	4.9	4.9	4.9	4.9	4.9	4.8	4.6	4.7	4.7	4.8												
12	Did you feel able to ask any questions?	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.9	5.0	4.8	4.8	4.9	5.0												
13	Were your questions answered fully?	5.0	4.9	4.9	5.0	5.0	4.9	5.0	5.0	5.0	5.0	4.8	4.9	5.0												
14	Were you given enough information about your treatment?	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.8	4.8	4.7	4.9												
15	The amount of time your clinician spent with you today was satisfactory?	4.9	4.9	4.9	4.9	5.0	5.0	5.0	5.0	5.0	4.7	5.0	4.6	4.9												
16	Were you treated with dignity & respect?	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0												
18	Was the time you waited from calling the clinic to your first appointment acceptable?	4.9	4.1	4.8	4.7	4.5	4.8	4.8	4.8	4.5	4.6	5.0	4.7	4.7												
19	Was the waiting time acceptable to you?		4.3		4.8	4.7					4.6	0.0	0.0	3.1												
20	How long in reception did you have to wait at the clinic for your consultation to begin?		4.9	4.8	4.6	4.8	4.7	4.9	4.8	4.8	4.8	5.0	4.8	4.8												
21	How do rate this?		4.9	4.8	4.7	4.8	4.8	4.7	4.8	4.8	4.7	4.8	4.7	4.8												
23	Male of Female (Male - 0 Female - 1)	0.8	1.0	1.0	0.9	0.9	0.9	0.9	0.8	1.0	0.9	1.0	1.0	93%												
24	How old are you?	42.1	32.4		32.7	36.5	30.7	28.6	34.2	34.8	30.7	34.3	33.8	33.7												
26	Is there anything that could be improved? (Yes -0 No - 5)	4.9	4.9	4.5	5.0	5.0	4.9	4.4	5.0	5.0	4.6	4.7	4.8	4.8												
27	How likely are you to recommend this service to your family/friends if they needed similar treatments? (Yes -0 No - 5)			4.8	4.9	5.0	4.8	4.7	4.7	4.9	4.7	4.8	5.0	4.8												