

## Ashby Patient Feedback Survey

We are continually trying to improve our practice and the services that we provide to our patients. We would be very grateful if you would spend five minutes completing this form.

### How did you hear about the practice?

tick as applicable

Advertisement	<input type="checkbox"/>
Passing the door	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>
Exceller magazine	<input type="checkbox"/>
Wetherby News	<input type="checkbox"/>
Website	<input type="checkbox"/>
Other means	<input type="checkbox"/>

### Practice's general appearance

poor      fair      good      excellent

Decor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments & suggestions for improvement				

### Reception

yes      no

Are the welcome team staff helpful?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been kept waiting long to see your dentist?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any worries about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Are you dealt with efficiently at reception	<input type="checkbox"/>	<input type="checkbox"/>
Comments & suggestions for improvement		

### Patient Lounge

yes      no

Is it relaxing	<input type="checkbox"/>	<input type="checkbox"/>
Is it comfortable	<input type="checkbox"/>	<input type="checkbox"/>
Is it welcoming	<input type="checkbox"/>	<input type="checkbox"/>
Comments & suggestions for improvement		

## Practice Personnel

### Dentists

	yes	no
Are the dentists helpful?	<input type="checkbox"/>	<input type="checkbox"/>
Caring?	<input type="checkbox"/>	<input type="checkbox"/>
Friendly?	<input type="checkbox"/>	<input type="checkbox"/>
Do they reassure you?	<input type="checkbox"/>	<input type="checkbox"/>
Do they explain enough to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel confident about the quality of treatment they are providing for you?	<input type="checkbox"/>	<input type="checkbox"/>

### Other staff (dental hygienists, dental nurses, dental receptionists)

	yes	no
Are the staff friendly?	<input type="checkbox"/>	<input type="checkbox"/>
Caring?	<input type="checkbox"/>	<input type="checkbox"/>
Helpful?	<input type="checkbox"/>	<input type="checkbox"/>
Do they look professional?	<input type="checkbox"/>	<input type="checkbox"/>
Are they well informed?	<input type="checkbox"/>	<input type="checkbox"/>
Do they reassure you?	<input type="checkbox"/>	<input type="checkbox"/>
Does the practice seem happy?	<input type="checkbox"/>	<input type="checkbox"/>
Comments & suggestions for improvement		

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### Patient information

	yes	no
Are there enough useful dental leaflets?	<input type="checkbox"/>	<input type="checkbox"/>
Would you find dental videos of interest?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive newsletters via email?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive practice brochures?	<input type="checkbox"/>	<input type="checkbox"/>
Comments & suggestions for improvement		

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### Appointments

	yes	no
Is it easy to book an appointment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a long wait for a future appointment?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like the option of early morning / late evening appointments?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like Saturday or Sunday appointments?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other times you would like the practice to be open?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when?		
Comments & suggestions for improvement		

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## Payment for treatment

yes no

Do you feel that the cost of treatment is fully explained?

Would you prefer to pay by

cash

cheque

credit card

flexible finance

yes no

Are you interested in our Ashby Membership Scheme?

## Complaints

yes no

Do you know about the practice complaints procedure?

Do you feel that the practice welcomes complaints?

Have you complained in the past?

If yes, was the complaint dealt with to your satisfaction?

Do you know who deals with complaints?

What attracts you most about the practice?

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What do you like least about the practice?

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yes no

Would you recommend the practice to others?

Please tell us why

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**Thank you very much for sparing the time for this survey. Please leave it at reception.**