

WEST STREET DENTAL CLINIC

Patient satisfaction questionnaire

We want to provide you with the very best possible personal care and service that meets your needs. To do this, it is important that we know your views on the practice and the care we provide and to record your opinions on where we can improve. We would be grateful if you would spend five minutes completing this form and then post it in the box in reception.

How did you hear about the practice?

Advertisement [] Passing the door [] Recommendation [] Yellow Pages []

Other directory [] Practice leaflet [] Website [] NHS Direct []

General appearance of practice

	Very good	Good	Average	Poor
Décor				
State of repair/maintenance				
Outside appearance				
Cleanliness				

Reception

	Yes	No	No opinion
Are the reception staff helpful?			
Have you ever been kept waiting too long to see the dentist/hygienist?			
Are you dealt with efficiently at reception?			

Waiting room

	Yes	No
Is it relaxing?		
Is it comfortable?		

Is it welcoming?		
Is there enough for children to do?		
Is there enough for you to do?		

Practice personnel

Dentists	Yes	No	No opinion
Are the dentists helpful?			
Are the dentists caring?			
Are the dentists friendly?			
Do they listen to you?			
Do they explain enough to you?			
Do you feel confident about the quality of treatment they are providing for you?			

Other staff (dental therapists, dental hygienists, dental nurses, dental receptionists)	Yes	No	No opinion
Are they friendly?			
Are they caring?			
Are they helpful?			
Are they well informed?			
Do they reassure you?			

Patient information

	Yes	No	No opinion
Are there enough useful dental leaflets?			
Would you like access to dental videos in the waiting room?			
Do you find the Newsletters interesting?			
Does the Practice brochure contain enough information?			
Were photographs taken before and after treatments?			

Appointments

	Yes	No	No opinion
Is it easy to book an appointment?			
Is the length of time you wait for future appointments acceptable?			
Would you like the option of early morning/late evening appointments?			
What about Saturday or Sunday appointments?			

Facilities

	Yes	No	No opinion
Do you prefer your teeth to be cleaned by a dentist?			
... or by a dental hygienist?			
Would you like to be able to buy discounted toothpaste, toothbrushes, mouthrinse, floss etc			
Would you value more entertainment for children?			
What about a children's dental health club?			

Payment for treatment

	Yes	No	No Opinion
Do you feel that the cost of treatment is fully explained?			
Would you like to have a written estimate for the proposed treatment?			
Do you think that the practice's private charges are reasonable?			
Would you prefer to pay before treatment...			
... during treatment ...			
.... or at the end of treatment?			
Would you prefer to pay			
By cash Cheque Credit card Instalments			
Are you interested in paying for private charges via a monthly pre-payment plan?			

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Complaints

	Yes	No	No Opinion
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?			

Would you recommend the practice to others?

Yes No

Please use this space to make any other comments about the practice to help us to improve our service to you

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Thank you very much for sparing the time for this survey.