Appendix 1: Patient's instructions

Dear Patient,

To help improve the care your doctor provides, we would like you to answer the questions on the attached form about the doctor you saw today.

You do not have to fill in this form if you do not want to.

The questions are only about the doctor you have seen today. Please do not comment about others members of staff (such as nurses, receptionists or other doctors in the team), the NHS system, or waiting times.

Please make sure the name of the doctor you are assessing is written at the top of the form.

Everything you write will be kept confidential. Please answer the questions honestly and feel free to write any comments you may wish to about the doctor.

Please fill in the form after seeing the doctor and return it before you leave.

If you are filling in the form for a patient please ask them the questions and put their answers (not yours) on the form.

Thank you for taking the time to answer these questions

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Appendix 2: Patient survey questions

PATIENT FEEDBACK DOCUMENT FOR SPORTS & EXERCISE (SEM) DOCTORS FSEM (UK)

What do you think of this doctor?

Doctor's name _____

TICK ONE BOX IN ANSWER TO EACH QUESTION

	Yes, definitely	Yes, to some extent	Not really	Definitely not	Does not apply
1 Was the doctor polite and considerate?	☐	☐	☐	☐	☐
2 Did the doctor listen to what you had to say?	☐	☐	☐	☐	☐
3 Did the doctor give you enough opportunity to ask questions?	☐	☐	☐	☐	☐
4 Did the doctor answer all your questions?	☐	☐	☐	☐	☐
5 Did the doctor explain things in a way you could understand?	☐	☐	☐	☐	☐
6 Are you involved as much as you want to be in the decisions about your care and treatment?	☐	☐	☐	☐	☐
7 Did you have confidence in the doctor?	☐	☐	☐	☐	☐
8 Did the doctor respect your views?	☐	☐	☐	☐	☐
9 If the doctor examined you, did he or she: a. Ask your permission? b. Respect your privacy and dignity?	☐	☐	☐	☐	☐
10 By the end of the consultation did you feel better able to understand and/or manage your condition and you care?	☐	☐	☐	☐	☐

11 Overall, how satisfied were you with the doctor you saw?

Very satisfied ☐ Fairly satisfied ☐ Not really satisfied ☐ Not at all satisfied ☐

Please make any additional comment about the doctor in the space below.

Please remember that this is just about the doctor you have seen today.

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Appendix 3: Scoring the patient survey

To work out the scores simply score each descriptor as below and divide by the number of assessors who have made a positive assessment (i.e. leave out those who ticked 'does not apply').

Scores

Definitely not - 1
Not really - 2
Yes, to some extent - 3
Yes, definitely - 4
Does not apply -

- Please use the table below to enter the scores.
- Any free text comments may be typed out and can be fed back verbatim.
- At the end of the meeting the doctor should be given the completed results and the list of free text comments for his/her personal development file.

Patient Survey Results

Question 1	Yes, definitely	Yes, to some extent	Not really	Definitely not	Does not apply	Average score
2						
3						
4						
5						
6						
7						
8						
9a						
9b						
10						
11						

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