

For Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All doctors are expected to seek feedback on a regular basis from those they work with and treat. Information from patients, relatives and friends is an important part of this process. The feedback will be reviewed and acted upon where appropriate.

In responding to each question please tick the box that most represents your situation or viewpoint. You also have the opportunity to state what your Anaesthetist did particularly well, or anything he or she could improve on. The answers you give should only be about today’s consultation with your anaesthetist.

**Please do NOT write your name on this questionnaire.** You will not be identified when your answers are given back to your Anaesthetist.

Please enter today’s date (dd/mm/yyyy) / /

**1 Are you filling in this questionnaire for:**

 Yourself Your child A relative, spouse, partner or friend

**If you are filling this in for someone else, please answer the following questions from the patient’s point of view.**

**2 Why did you see the Anaesthetist today?**

 I am having an operation today or tomorrow I am attending a pre-assessment clinic

 I am having an epidural for pain relief in labour I am having treatment for a chronic pain condition

 I am a patient in Intensive Care/High Dependency Unit

Other reason (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 How would you rate your Anaesthetist at each of the following?**

Please tick one box in each line Very poor Less than Satisfactory Good Very good Does not

 satisfactory apply/

 do not know

**a** Introducing themselves to you

**b** Being polite

**c** Putting you at ease

**d** Listening to you

**e** Assessing you for your anaesthetic

**f** Explaining your anaesthetic/treatment to you

**g** Involving you in decisions about your anaesthetic/

 treatment

**h** Answering your questions

**4 Please decide how strongly you agree or disagree with the following statements about your Anaesthetist.**

Please tick one box in each line Strongly Disagree Neutral Agree Strongly Does not

 disagree agree apply/

 do not know

**a** The Anaesthetist seems approachable

**b** I have confidence in the ability of this Anaesthetist

 to provide safe care

**c** I was satisfied with the Anaesthetist and would be

 happy to see him/her again

**d** The Anaesthetist treated me with dignity and

 respect

**e** I was given enough privacy by the Anaesthetist

**5 Was there anything else that this Anaesthetist did particularly well, or anything that he or she could improve on?**

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| --- |
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**Questions 6 to 9 can be left blank if you prefer not to provide this information.**

**6 Are you:**

 Male Female

**7 Your age group:**

 Under 15 15-20 21-40 41-60 60 or over

**8 Is English (in Wales, Welsh or English) a main language for you?**

 Yes No

**9 What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate
 your cultural background.**

**A** White **B** Mixed **C** Asian or Asian British **D** Black or Black British **E** Chinese or other

 ethnic group

 British White and Black Indian Caribbean Chinese

 Caribbean

 Irish White and Black Pakistani African Any other

 African

 Any other White White and Asian Bangladeshi Any other Black

 Background Background

 Any other Mixed Any other Asian

 Background Background

Please write in Please write in Please write in Please write in Please write in

**PLEASE NOTE – THE COMPLETED QUESTIONNAIRE SHOULD BE RETURNED TO THE DOCTOR’S HOSPITAL AND NOT TO THE COLLEGE**