**GOsC Patient feedback survey template**

**About this questionnaire [Please adapt this for your own purposes]:**

I am collecting feedback from patients to help me to provide even better care for my patients. Your feedback can help me to provide better care for patients.

This anonymous questionnaire asks about your experience of my practice – both areas that are going well and areas where I can improve. Any views that you provide are entirely voluntary and anonymous and you can withdraw from the survey at any time.

Your response to the survey will be taken as consent to participate. The survey will take about X minutes to complete.

The results of the survey will only ever be published in forms that cannot identify you as an individual. The collective results may be shared with my peer or others in order to help me discuss my practice and continuing professional development.

**Further information:**

If you have any questions about your participation, please contact: Name, address, contact details [please add your details]

**Data protection**

All data collected in this survey will be held securely and will be destroyed as soon as it is no longer required for analytical purposes and after no more than six years.

**Questions**

**1. How thoroughly did the osteopath ask you about why you had attended?**

|  |  |  |
| --- | --- | --- |
| Not very well | Fairly well | Very well |
|  |  |  |
| **2. Did you feel the osteopath listened to what you had to say?** | |  |
|  |  |  |
| Not very well | Fairly well | Very well |
|  |  |  |

**3. How well did the osteopath put you at ease during your physical assessment and examination?**

|  |  |  |
| --- | --- | --- |
| Not very well | Fairly well | Very well |
|  |  |  |
| **4. How well did the osteopath explain your problem to you?** | |  |
|  |  |  |
| Not very well | Fairly well | Very well |
|  |  |  |
| **5. How well did the osteopath engage you in your consultation?** | |  |
|  |  |  |
| Not very well | Fairly well | Very well |
|  |  |  |
| **6. l?** | |  |
|  |  |  |
| Not very well | Fairly well | Very well |
|  |  |  |

**7. What did you like about your osteopathy appointment?**

**8. What could have made your osteopathy appointment even better?**

**9. Do you have any other comments?**

**Next steps**

**Returning the questionnaire:** Please return this questionnaire to the feedback box in reception.(This feedback box is emptied weekly.) [Adapt as appropriate]

|  |  |
| --- | --- |
| **Further information:** If you have any questions about completing this form, please contact: Name, email address, contact details [please add your details] |  |
|  | **29** |