

SECTION 4: YOUR EXPERIENCE OF CARE

This section asks for your views about the care you received from both your GP and the practice nurse. We would like you to complete the following questions twice, firstly about the GP and then about the nurse. Please remember that all questions are completely confidential. We will not share your answers with any members of staff at your surgery or health centre and your answers will not affect the care you receive from your doctor or nurse(s).

Firstly please think about the last appointment you had with a GP.

4.1 GP

Thinking about your last appointment with your GP, how was your GP at...	Poor	Fair	Good	Very Good	Exc- cellent	Does not apply
a) Making you feel at ease <i>(Being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Letting you tell your 'story' <i>(Giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Really listening <i>(Paying close attention to what you were saying, not looking at the notes of computer as you were talking.)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Being interested in you as a whole person <i>(Asking/knowing relevant details about your life, your situation; not treating you as 'just a number')</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) Fully understanding your concerns <i>(Communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything.)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f) Showing care and compassion <i>(Seeming genuinely concerned, connecting with you on a human level; not being indifferent or 'detached')</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g) Being positive <i>(Having a positive approach and a positive attitude; being honest but not negative about your problems)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h) Explaining things clearly <i>(Fully answering your questions, explaining clearly, giving you adequate information; not being vague)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i) Helping you to take control <i>(Exploring with you what you can do to improve your health yourself; encouraging rather than 'lecturing' you)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j) Making a plan of action with you <i>(Discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

4.2a Have you seen a practice nurse in the last 6 months?

No ₀ (If no please go to Question 4.3) Yes ₁ (If yes please go to Question 4.2b)

4.2b Please answer the questions below thinking about the last appointment you had with the practice nurse

Practice Nurse

Thinking about your last appointment with a practice nurse, how was your practice nurse at...	Poor	Fair	Good	Very Good	Exc- ellent	Does not apply
a) Making you feel at ease <i>(Being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Letting you tell your 'story' <i>(Giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Really listening <i>(Paying close attention to what you were saying, not looking at the notes of computer as you were talking.)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Being interested in you as a whole person <i>(Asking/knowing relevant details about your life, your situation; not treating you as 'just a number')</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) Fully understanding your concerns <i>(Communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything.)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f) Showing care and compassion <i>(Seeming genuinely concerned, connecting with you on a human level; not being indifferent or 'detached')</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g) Being positive <i>(Having a positive approach and a positive attitude; being honest but not negative about your problems)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h) Explaining things clearly <i>(Fully answering your questions, explaining clearly, giving you adequate information; not being vague)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i) Helping you to take control <i>(Exploring with you what you can do to improve your health yourself; encouraging rather than 'lecturing' you)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j) Making a plan of action with you <i>(Discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆