



A study about your experience of getting care from a GP or nurse



To help us improve the care you receive please answer the questions below by putting an x in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). Leave any questions you can't answer blank.

We will keep your answers completely confidential.

Q1 Are you completing this questionnaire for...?

- Yourself
- Someone else → **If you are completing the questionnaire on behalf of someone else please answer all the questions based on the care they received.**

CARE RECEIVED ON THE DAY YOU CALLED

You contacted your GP surgery around 4-6 weeks ago asking to see a GP that same day.

Q2 What happened when you initially contacted the GP surgery?

Please **X all** the boxes that apply to you

I spoke to a receptionist and ...

- Had a call back from a GP later that day
- Had a call back from a nurse later that day
- Made an appointment with a GP or nurse
- Can't remember

Q3 How easy or difficult was it to....?

Please put an **X** in one box for **each** row

	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult
Get through to the practice on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive prompt care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See a GP or nurse if you wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get medical help or advice for the problem you presented.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 How convenient was the care provided by your GP surgery on that day?

- Very convenient
- Fairly convenient
- Not very convenient
- Not at all convenient

Q5 Thinking about the reason why you contacted the GP surgery or health centre that day, is the problem now...?

- Much better
- A bit better
- The same
- A bit worse
- Much worse
- Don't know

Q6 Overall, how satisfied or dissatisfied were you with the care received on that day?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

CARE RECEIVED SINCE THAT DAY

The next questions are about what has happened since the day you called.

Q7 In the 4 weeks since you called to see a GP the same day, how many times, if any, have you...?

Please do not include any care you received on the day you first called.

	None	1	2	3	4	5	6 or more
Visited an NHS walk-in centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phoned NHS Direct for health advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR HEALTH TODAY

If you are completing this questionnaire for a child aged 11 or below please go to Q9.

If you are completing this questionnaire for yourself or another adult, please answer the following question.

Q8 By placing an **X** in one box in each group below, please indicate which statements best describe your health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

SOME QUESTIONS ABOUT YOU

We would now like to ask some questions to help us see how experiences of GP consultations vary between different groups of people.

Remember that if you are completing the questionnaire for someone else please answer the questions about the person who was the patient.

Q9

Are you male or female?

- Male
- Female

Q10

How old are you?

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 55 to 64 |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 65 to 74 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 75 to 84 |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 85 or over |
| <input type="checkbox"/> 45 to 54 | |

Q11 What is your ethnic group?

- White
- Mixed / multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group

Q12 If you need to see a GP at the GP surgery during typical working hours, can you take time away from your work to do this?

- Yes, I can easily take time away from work
- Yes, I can take time away from work but with some difficulty
- No, I can't take time away from work
- Not relevant as I do not work (unemployed, retired)
- Not relevant as this questionnaire is being completed on behalf of a child or an unemployed or retired adult

Q13 Do you have any long-standing health problems?

- Yes
- No

THE PATIENT'S CONSENT

On the day you requested a same-day consultation, a clinician may have asked if you would give permission for a researcher to look at your medical records to see whether you've needed any further help or advice about the original problem. To check whether our appointment system is working, we need to know about any consultations you have had since you first called to see a GP on the same day.

Your name will not be associated with the information we collect and all information will be treated with the strictest confidence and will not be passed on to any third party. We hope you will feel able to allow us to look at your notes to extract this information. However, if you do not now wish to have your notes examined, please indicate this below.

Q14 Please place an x in only one box, then sign and date below. Please do not cross either box on anyone else's behalf, unless you are a parent or legal guardian providing consent on behalf of your child.

- I AGREE to the review of my medical notes
- I DO NOT AGREE to the review of my medical notes

Signature _____

Date _____

Thank you for your time. Please return this questionnaire in the reply paid envelope provided.

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