

## SEEING THE DOCTOR

Please answer the questions below by putting an  in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We ~~w~~ill keep your answers completely confidential

### A. SEEING THE DOCTOR YOU PREFER

Q1

Is there a particular doctor you prefer to see at this GP surgery or health centre?

- Yes.....Please go to Q2  
 No.....Please go to Q3  
 There is usually only one doctor in my GP surgery or health centre .....Please go to Q3

Q2

Was your consultation today with the doctor you prefer to see?

- Yes  
 No

### B. SEEING THE DOCTOR TODAY

Thinking about the consultation which took place today

Q3

How good was the doctor at each of the following?

Please put an  in one box for each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
Giving you enough time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking about your symptoms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explaining tests and treatments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involving you in decisions about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating you with care and concern .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking your problems seriously .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q4** Did you have confidence and trust in the doctor you saw?

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't say

**Q5** In general, how satisfied are you with the care you get at this GP surgery or health centre?

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

## C. SOME QUESTIONS ABOUT YOU

The following questions will help us to see how experiences vary between different groups of the population. We will keep your answers completely confidential.

**Q6** Are you male or female?

- Male
- Female

**Q7** How old are you?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

**Q8** In general, would you say your health is?

- Excellent
- Very good
- Good
- Fair
- Poor

**Q9** What language do you speak most often at home?

- English
- Other (please specify)

**Q10** What is your ethnic group?

Choose **one** section from A to E below, then select the appropriate option to indicate your ethnic group

### A. White

- British
- Irish
- Any other White background

### B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

### C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

### D. Black or Black British

- Caribbean
- African
- Any other Black background

### E. Chinese or other ethnic group

- Chinese
- Any other ethnic group

## D FINALLY

### Would you consider taking part in an interview as part of this study?

We are looking for people to talk to in more depth about how they chose their responses to this questionnaire. This would involve an informal interview with a member of the research team at a convenient time and place, such as in your own home. If this is something you might consider, tick the "yes" box below. A member of the research team may then contact you about this part of the study. *This does not mean you are committed to an interview in any way.*

**A member of the research team may contact me to discuss taking part in an interview:**

Yes

No

**If you have any further comments about any aspect of the consultation with your GP today, please feel free to use the space below. Thank you.**

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## THANK YOU VERY MUCH FOR YOUR TIME

**Please place this questionnaire in the envelope provided and return it to a member of the research team or reception staff.**

Alternatively, please post it back to us (no stamp is needed). If for any reason you do not have a pre-paid envelope, please return the questionnaire using the freepost address below:

**GPPS PROGRAMME  
FREEPOST CB617 GPPCRU  
Institute of Public Health  
Forvie Site, Robinson Way  
Cambridge, CB2 0SR**

# **improve**

IMPROVE Project Office  
Primary Care Unit  
University of Cambridge  
Institute of Public Health  
Forvie Site  
Robinson Way  
Cambridge CB2 0SR

Telephone: 01223 330596  
Email: [improve@medschl.cam.ac.uk](mailto:improve@medschl.cam.ac.uk)