



Customer Satisfaction Questionnaire

1. Please give a rating of 1-5 for the following:

1 = Unacceptable 2 = Poor 3 = Good 4 = Very Good 5 = Excellent

a) Are your calls to the Independent General Practice answered promptly?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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b) Are appointments made at a time suitable for you / your family?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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c) On your first visit did you have any problems finding the clinic?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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d) Were you greeted at the clinic in a manner that met your expectations?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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e) Did the doctor explain the medical processes to your satisfaction?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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f) Did the medical examination fit with your expectations?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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g) Would you recommend The IGP to friends / colleagues?	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>
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h) Overall, were you satisfied with the service you received? If the answer is no, please tell us why.	Yes	<input type="checkbox"/>			No	<input type="checkbox"/>
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i) Overall rating	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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2. Other Information or Comments - Please use this space to add any other comments:

3. Where did you first hear about us? - Please tick the box that applies to you.

Recommendation (professional)	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Internet (Search Engine)	<input type="checkbox"/>	Magazine/Newspaper	<input type="checkbox"/>
Yellow Pages / Yell.com	<input type="checkbox"/>	Other	

Thank you for taking the time to fill out our Customer Satisfaction Questionnaire.