

2020



Dental Care

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🏠 89 Rising Brook, Stafford, ST17 9DH

Patient Satisfaction Survey

In order to find out how we are meeting your needs, we are asking our patients a few questions about the care they have received. Please be honest in your answers. Your comments will be held in strict confidence and you do not have to sign your name unless you want to. We plan to use your suggestions to make our service to you and your family even better. Thank you for your comments.

Please circle items 1 - 4 to best describe yourself:

1. Age: 18-25 26-35 36-45 46-55 over 55
2. Gender: Male Female Other
3. The number of visits I have made to the practice in the past year is:
 1 2 3 4 5 or more
4. My treatment or my child's treatment was:
 completed not completed

The list below includes statements about the care you received at the practice.

Please place a **tick** in the column to indicate whether you agree, disagree or are not sure about each one. Please give us any additional feedback in the "comments" section below each table.

Appointments

	Agree	Unsure	Disagree
It was easy to make my first appointment			
The receptionist was polite and helpful			
It was easy to schedule a convenient appointment			
Appointment options were given that suited my schedule			
I was seen on time for my appointment			

Comments: _____

Facilities

	Agree	Unsure	Disagree
The practice location and parking were convenient			
It was easy and convenient to enter the practice from the carpark			
The reception area was clean and tidy			
The temperature in the practice was comfortable			
I was made to feel welcome and comfortable during my visit			

Comments: _____

Staff

	Agree	Unsure	Disagree
The dentist was professional and courteous			
The nurse was professional and courteous			
The receptionist was professional and courteous			
The dentist was considerate and sensitive to my needs			

Comments: _____

Treatment

	Agree	Unsure	Disagree
My proposed treatment was clearly explained			
My questions were answered clearly			
I was given alternative treatment options			
My treatment was completed efficiently			
I was pleased with the quality of my treatment			
The cost of my treatment was clearly explained			

Comments: _____

Additional Comments

What I liked best about the practice was:

What I liked least about the practice was:

In what way(s) could we have made your experience better?

Name (optional) _____