

DOCTORS' INTERPERSONAL SKILLS QUESTIONNAIRE

Doctor No.

Please do not write your name on this survey. It is entirely anonymous and confidential. This doctor will **not** see the questionnaire but will only see the overall results. The doctor has volunteered to undertake this activity to enable you to comment on the care you receive. The doctor appreciates your honest. **The doctor will not be penalised** by your answers. Other doctors throughout the UK are also undertaking this survey.

Take a few moments to think about the doctor whom you just saw. Please READ EACH STATEMENT CAREFULLY. Your response for each comment can range from 1 to 5, depending on how well you would rate the doctor's performance in the relevant area.

FOR EACH COMMENT, PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Poor	Fair	Good	Very Good	Excellent
1. My overall satisfaction with this visit to the doctor is	1	2	3	4	5
2. The warmth of the doctor's greeting to me was	1	2	3	4	5
3. On this visit I would rate the doctor's ability to really listen to me as	1	2	3	4	5
4. The doctor's explanations of things to me were	1	2	3	4	5
5. The extent to which I felt reassured by this doctor was	1	2	3	4	5
6. My confidence in this doctor's ability is	1	2	3	4	5
7. The opportunity the doctor gave me to express my concerns or fears was	1	2	3	4	5
8. The respect shown to me by this doctor was	1	2	3	4	5
9. The amount of time given to me for this visit was	1	2	3	4	5
10. This doctor's consideration of my personal situation in deciding a treatment or advising me was	1	2	3	4	5
11. The doctor's concern for me as a person in this visit was	1	2	3	4	5
12. The recommendation I would give to my friends about this doctor would be	1	2	3	4	5

SAMPLE ONLY - NOT TO BE COPIED

The doctor would appreciate any suggestions as to how he/she could improve:

The following questions provide us only with general information about the range of people who have responded to this survey. This information will not be used to identify you and will remain confidential.

How old are you, in years? _____

Postcode where you live _____

Are you Female

Was this visit with your usual GP?

Yes

Male

No

THANKS FOR YOUR TIME AND ASSISTANCE