

CANNINGTON HEALTH CENTRE

PATIENT SURVEY 2013/14

Each year the practice consults with the Patient Participation Group to produce a questionnaire to collect patient views about some aspect the service provided by the health centre. The Patient Group helps to decide the topic and to plan what actions need to be taken following the results of the survey. Go to the practice website www.cannington.gpsurgery.net to see previous surveys. This year we have chosen to investigate what health related information is important to patients and how you like to get that information. We should be very grateful if you could take a few minutes to this year's questionnaire and place it in the box in the lobby or hand it in at reception.

Q1 Where would you get information about the health centre and our services? Please tick all that apply

Practice website	<input type="checkbox"/>	Leaflets from the leaflet racks	<input type="checkbox"/>
Practice information booklet	<input type="checkbox"/>	Members of staff	<input type="checkbox"/>
Noticeboards and posters at the surgery	<input type="checkbox"/>	Other patients	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Q2 How helpful have you found the different sources of information?

	Very helpful	Helpful	Not helpful	Never used
Practice website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice information booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noticeboards and posters at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaflets from the leaflet racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 Do you receive enough information from the practice about

	Yes, always	Usually	Sometimes	No
Short term health problems you may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term health problems you may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 Do you think the practice should be providing information about lifestyle choices (diet, smoking, exercise etc.) to help you stay healthy for longer?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

No, there's plenty of this sort of information generally available
Yes but written information such as leaflets and posters is enough
Yes, doctors and nurses could be advising me about healthy choices

**Q5 Only answer this question if you have a long term health problem(s), otherwise go to Q6
What is your attitude to looking after your particular health problem(s)?**

<input type="checkbox"/>
<input type="checkbox"/>

Generally I prefer the doctor or nurse to make most of the decisions
I like to have enough information from healthcare professionals so that I can, as far as possible, manage my own health condition(s)

Q6 Some information about yourself

Are you

Male

Female

Q7 What age are you?

0-15

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

36-45

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

66-75

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

16-25

46-55

76-85

26-35

56-65

Over 85

Q8 Roughly how often do you have an appointment at the health centre?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

At least once a month
About 6-12 times a year
About 2-5 times a year
Once a year or less

Q9 Do you have a disability such as poor hearing or poor eyesight that makes getting information more difficult for you?

Yes

No

If yes, what is the nature of the difficulty?

Thank you for completing this questionnaire. Please place it in the box in the lobby or hand it in to reception.

If you have any suggestions about how the practice could improve on the type of information provided for patients and the way it is presented, please write them here.