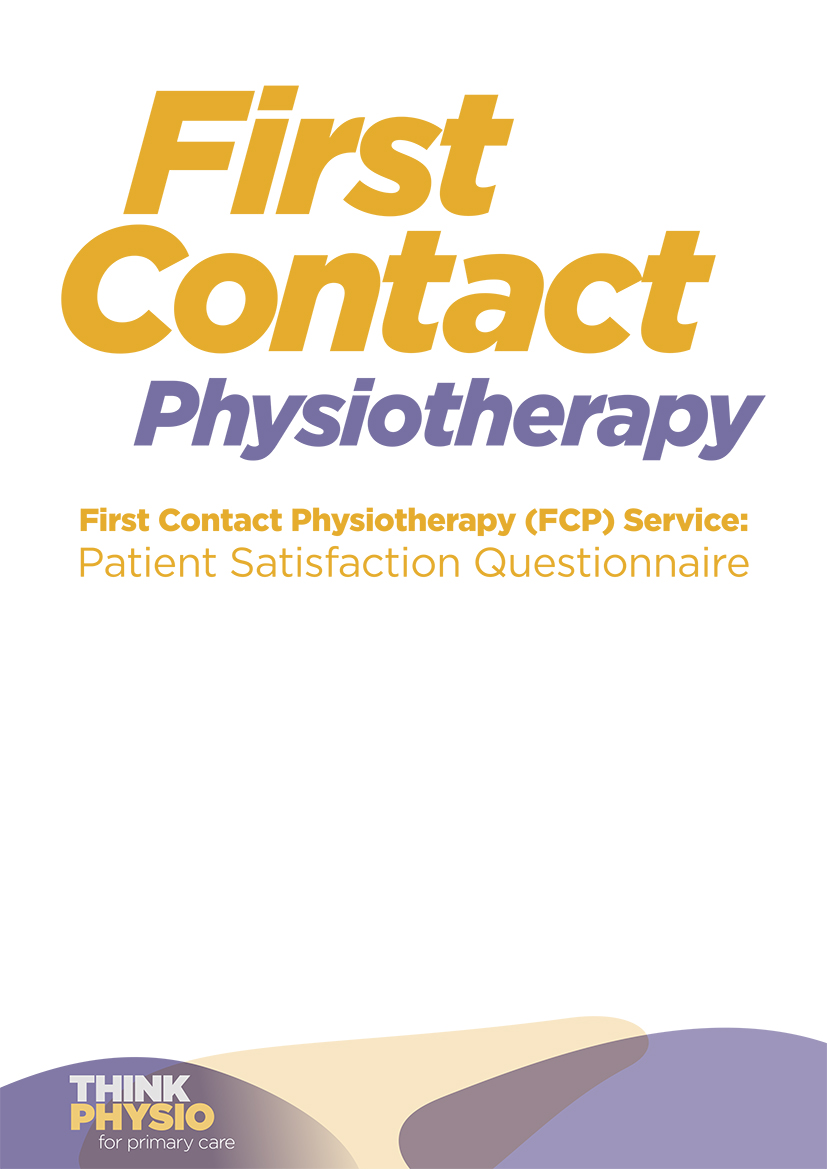
**

*This is an example questionnaire. Please adapt as required.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Booking an appointment** | | | |
| Was it easy to book an appointment with the FCP? |  | **Yes** | **No** | |  |
| Please share any comments: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |
| Were the appointment times offered convenient? |  | **Yes** | **No** | |  |
| Were you offered an appointment without waiting too long? |  | **Yes** | **No** | |  |

|  |  |
| --- | --- |
| How long did you wait? | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Were you aware that you were not seeing a GP for this appointment? | | | | | | | | | | **Yes** | | | | | **No** | | | | | | |  |
| What would you have done if you were unable to see the FCP this time? | | | | **Seen a GP**  **Attended a Walk-in Centre**  **Seen a private physiotherapist**  **Attended A&E Don’t know**  **Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Consultation** | | | | | | | | | | | | | | | | | |
| Were you confident in the knowledge and skills of your FCP? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Did they listen and explain? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Did the information you received answer your questions? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Did they meet your expectations? | | | | | | |  |  | | | | | **Yes** | | | **No** | | | | | |  |
| Were you involved and informed in decisions about your care? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Do you understand about your conditions and what happens now? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Were you treated with dignity at all times? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Did you have enough time in the appointment? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
| Do you feel you need to have an appointment with the GP  for the same problem? | | | | | | | | | | | | | **Yes** | | | **No** | | | | | |  |
|  | |  | | |  | | | | | | | | | | |  | |  |  | |
| **Overall Satisfaction** | | | | | | | | | | | | | | | | | |
| Would you recommend this service to family or friends? | | | | | | | | | | | | | **Yes** | | | **No** | |
| How satisfied are you with the service you received from the FCP: | **Very  satisfied** | | **Satisfied** | | | | **Neither  satisfied nor unsatisfied** | | | | | **Unsatisfied** | | | | | **Very  unsatisfied** | |
| If you had another muscle or joint problem, who would you prefer to see? | | | | | | **GP** | | | **FCP** | | | | | **Don't mind** | | | | | | | | | |  |  |
| After today’s appointment do you feel you still need to book an appointment with the GP for the same problem? | | | | | | **Yes** | | | | | **No** | | | | | | | | |  | | | |  |  |
| Is there anything you felt we could improve? | | | | | |  | | | | | | | | | | | |  | | | | | | | |