



**Breakspear**  
Medical Group Ltd

## Patient Satisfaction Questionnaire



**Breakspear**  
Medical Group Ltd

Hertfordshire House

Wood Lane, Paradise Estate

Hemel Hempstead, Herts

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United Kingdom

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Please  
affix  
stamp  
here

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**HP2 4FD**

**United Kingdom**



We would be grateful if you would take a few minutes to complete this questionnaire in order to help us improve our service to you.

Please complete each section of this questionnaire by ticking the appropriate box. When this form is completed, please hand it to reception before your departure. Alternatively, please fold, tape closed and affix a stamp to return by mail.

No personal information will be released to any other party.

***Thank you in advance for taking the time to complete this form.***

Date of visit: (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Is this your first visit to Breakspear Hospital?**

Yes  No

**How did you hear about Breakspear Hospital?**

Recommended  Media  Doctor/GP referral  Other

Are you?  Male  Female

**Age group (in years):**

0-14  15-34  35-54  55-75  75+

**How long did you wait for your appointment?**

Days  1 week  2-3 weeks  More than 3 weeks

***Please base all your answers on this visit only.***

**First impressions**

|                              | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Information prior to arrival | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Greeting on arrival          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptness of appointment    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of procedures    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall impressions          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Nursing care**

|                                  |                          |                          |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Keeping you informed             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual attention given       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response to questions            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall standard of nursing care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Catering**

|                                    |                          |                          |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to provide personal choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Presentation of meal               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature of food                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendliness/helpfulness of staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall quality of food served     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Communication**

|  | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Explanation of:<br>your clinical condition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| recommendations/investigations/<br>treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| costs involved                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| payment procedures                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hospital facilities**

|                    |                          |                          |                          |                          |                          |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Directions         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities/décor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall impression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Taking everything into account**

|                                       |                          |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Friendliness of staff                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall rating of quality of care     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall rating of Breakspear Hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have visited Breakspear before, do you think the hospital is**

getting better  staying the same  getting worse

**Would you recommend us?**  Yes  No

**Comments & Suggestions**

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**Please include your name and address below if you would like a reply to concerns raised.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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