

# Patient Experience Survey



*Thinking about the last time you were in touch with The Practice...*

## ■ How well did our reception team help you with what you needed?

Poor     Fair     Good     Very Good     Excellent

Any comments?

## ■ If you saw or spoke with a nurse, nurse practitioner or doctor, how well did the visit meet your needs?

Poor     Fair     Good     Very Good     Excellent

Any comments?

## ■ About you

Your age:

Your gender:

Your ethnicity:

Your general location (eg do you live in a nearby town or rurally?):

Please return this survey by email to [strhgp@tdhb.org.nz](mailto:strhgp@tdhb.org.nz) if possible.  
You are welcome to put your answers in a written email instead of using this form.  
We will also have a collection box at reception.

This survey is anonymous, but you still may have questions about the information we are collecting.

### **Why are we doing a survey?**

We're collecting this information to provide our patients with appropriate care, to plan for and fund health services, to carry out teaching and research, and to monitor quality.

### **Why do we ask about your age, gender, ethnicity and location?**

We really care about providing a service that meets everyone's needs. This information can show us trends and/or areas where we need to improve. It may seem a small thing, but it really helps us a lot!

### **Will this information be shared with anyone?**

We will put this information onto a spreadsheet which is kept secure and only accessed by authorised people. The information will be grouped together and kept anonymous. Once the information is collated, we may share it with other health care providers and agencies to show how we are doing and where we can improve.