Consultation Experience

Questionnaire

Hello,

We would be grateful if you would complete this questionnaire about your visit with:

**Name: Role:**

The professional you have seen is a fully qualified practitioner and has extensive training in this role. Feedback from this survey will enable them to identify areas that they do well or may need improvement. Your opinions are therefore valuable. Please answer the questions below. There are no right or wrong answers and we will not be able to identify your individual responses. Thank you for your time, consideration and assistance.

1. **Please rate the Professional on:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Poor to Fair** | **Fair** | **Fair to good** | **Good** | **Very Good** | **Excellent** | **Out-****standing** |
| Making you feel at ease? |  |  |  |  |  |  |  |
| Letting you tell your story? |  |  |  |  |  |  |  |
| Really listening? |  |  |  |  |  |  |  |
| Being interested in you as a whole person? |  |  |  |  |  |  |  |
| Fully understanding your concerns? |  |  |  |  |  |  |  |
| Showing care and compassion? |  |  |  |  |  |  |  |
| Being positive? |  |  |  |  |  |  |  |
| Helping you take control? |  |  |  |  |  |  |  |
| Making a plan of action with you? |  |  |  |  |  |  |  |
| The overall consultation? |  |  |  |  |  |  |  |

1. **Do you have any further comments you would like to make?**