

**Survey on behalf of the Patient Participation Group**

Would you be willing in to answer a few questions as you wait? (your name is not required)

**Gender:**

Male  Female

Age Group:

16-20  21-30  31-50  51-70  71+

**Appointments:**

Is your appointment with?

Doctor  Nurse  Other

How did you make your appointment?

In person  Telephone  Other

Are you able to see the doctor or nurse of your choice today?

Yes  No

How convenient is the timing and date of your appointment?

Very  Not Very  Inconvenient

**Access:**

Are you happy with the car park arrangements?

Yes  No

**Frequency:**

How many visits to the surgery have you made in the last year?

1-3  4-6  7-10  More

**Concerns:**

Have you any concerns or difficulties regarding the practice?

Yes  No

**PPG:**

Are you satisfied with the service offered by the practice?

Yes  No

**Thank you for your time and help with this survey.**

