

# Satisfaction Survey

At Elmsleigh House we always appreciate your feedback. This allows us to ensure every visit to Elmsleigh House is as positive as possible. It would help us if you could fill in this form and hand it to a member of the team. Thank you.

To what extent do you agree with the following statements?

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I feel I was greeted in the appropriate manner when I arrived for my appointment or on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am listened to by all members of Elmsleigh House staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practice is designed for my comfort and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment options are explained to me in a clear and understandable way and I understand what treatment I have consented to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel involved in all decisions about my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of treatment is well explained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My care at the practice is value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The practice is clean and hygienic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dental team are clinically competent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I have an emergency I am dealt with quickly and efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue overleaf

Was your appointment on time?      Yes    No  
     

Are you happy with our methods of contacting you?  
I.e. phone, letter, email      Yes    No  
     

Do you have a preference?

What do you like best about our practice?

What can we do to improve the way we work now  
and in the future?

What would your level of overall satisfaction be if you had to  
rate it between 1 - 10 (1 being the lowest and 10 being the  
highest)     

Would you recommend us to a relative or  
friend?      Yes    No