**YSTWYTH MEDICAL GROUP**

**Diabetes Patient Feedback Form**

|  |  |
| --- | --- |
| **Clinician to complete** |  |
| **Clinician Name/ID:** |  | **Start time:** |  |
| **Date:** |  | **Finish time:** |  |

Your views about the Consultation today

Please complete the questions when you have finished in the clinic today.

**Please turn over page**

Your responses and comments will be absolutely anonymous and confidential. We would therefore encourage you to be as open and honest as possible.

1. **As a result of your visit to the clinic today, do you feel you are…**

*(please tick one box in each row)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Much better** | **Better** | **Same or less** | **Not applicable** |
| **a** | **Able to cope with life……………………** | 🞏 | 🞏 | 🞏 | 🞏 |
| **b** | **Able to understand your diabetes……** | 🞏 | 🞏 | 🞏 | 🞏 |
| **c** | **Able to cope with your diabetes………** | 🞏 | 🞏 | 🞏 | 🞏 |
| **d** | **Able to keep yourself healthy………….** | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |  |  |  |  |
|  |  | **Much more** | **More** | **Same or less** | **Not applicable** |
| **e** | **Confident about your health…………..** | 🞏 | 🞏 | 🞏 | 🞏 |
| **f** | **Able to help yourself…………………...** | 🞏 | 🞏 | 🞏 | 🞏 |

1. **How well do you know the person you saw in clinic today?**

(*please place a circle round one of the numbers below*)

(don’t know them at all) 1 2 3 4 5 (know them very well)

1. **Please rate the following statements about today’s consultation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How was the person you saw at….** | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | **Does Not Apply** |
| **1** | **Making you feel at ease*……****(being friendly and warm towards you,* *treating you with respect; not cold or abrupt)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **2** | **Letting you tell your “story”……***(giving you time to fully describe your illness in* *your own words; not interrupting or diverting you)*  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **3** | **Really listening *……****(paying close attention to what you were saying; not looking at the notes or computer as you were talking)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **4** | **Being interested in you as a whole person *…****(asking/knowing relevant details about your life,* *your situation; not treating you as “just a number”)*   | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **5** | **Fully understanding your concerns*……****(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **6** | **Showing care and compassion*….****(seeming genuinely concerned, connecting with you on a human level; not being indifferent or “detached”)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **7** | **Being Positive……***(having a positive approach and a positive attitude;**being honest but not negative about your problems)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **8** | **Explaining things clearly*……..****(fully answering your questions, explaining clearly,* *giving you adequate information; not being vague)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **9** | **Helping you to take control**……*(exploring with you what you can do to improve your health yourself; encouraging rather than “lecturing” you)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **10** | **Making a plan of action with you *…****(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)* | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

***Please tick one box for each statement and answer every statement***

1. **Do you think the skills and attitudes listed above are important in a diabetes clinic?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Not important | 🞏 | Of minor importance | 🞏 | Moderately important | 🞏 | Very Important | 🞏 |

**Thank you.**

**Please email the completed questionnaire to** **contact.w92025@wales.nhs.uk**