

Please give us your valuable feedback

Please write how much you agree with each of the questions below N/A=Not applicable	dis	1 = Totally disagree, 2, Part disagree, 3 Neither agree nor disagree 4 = Part agree, 5 = Fully agree				
	1	2	3	4	5	N/ A
1. The information available to me (e.g., in leaflets at reception) covers all that I need to know about using the practice's services and looking after my dental care						
2. I'm usually able to book appointments at times that suit me						
3. When I have to pay for services, I believe the practice provides fair value for money						
4. It's easy for me to enter and move around the building						
5. The reception, treatment room and other parts of the practice are always clean, comfortable and tidy						
6. Whenever I want to talk about anything privately I am able to do so in a quiet area						
7. I always feel well treated when I call to make an appointment or visit						
8. I have confidence in the knowledge and abilities of the dentists hygienists and others involved in providing my dental care	,					
9. I'm always treated with dignity, gentleness and care by the dentist and others						
10. My opinion is always taken into account when my treatment options are being discussed and agreed						
Please answer the specific questions about your visit today – ple	ease cir	cle yo	ur ans	wers		
I was kept waiting beyond the time of my appointment:						
By no time at all						
By less than 5 minutes						
By between 5 and 15 minutes						
By more than 15 minutes						
2. The dentist/hygienist talked to me about ways that I can prev	ent gun	n or to	otn p	robier	ns:	
Yes No						
I can't remember						
	oday if	l nood	od to:			
3. I would know how to make a complaint about my treatment t Yes, I'm aware that the practice has a procedure for this	ouay ii i	Heeu	eu to.	•		
No						
I'm not sure						
4. The dentist/hygienist explained the treatment options includi	ng risks	and h	enefit	·s		
Yes	6 . 151.3	31.0	22.110			
No						
I can't remember						
	th NHS a	and Pr	rivate		Not s	ure
My dentist's name is:						

Thank you for taking time to complete this survey Please continue on the back of this form



Please give us your valuable feedback

On a scale of 1 to 10, where 1 means "not at all" and 10 means "definitely", please score how likely you would be to recommend our practice to another person:
Please briefly say why you chose this score:
Comments and suggestions:
Date of survey:

Thank you for taking time to complete this survey