New Zealand Orthopaedic Association

PATIENT QUESTIONNAIRE

**CONFIDENTIAL**

|  |
| --- |
| ***Gender:*** Male Female***Age:*** 25 or under 26 – 34 35 – 44 45 – 54 55 – 64 65 and over***Over the last 5 years you have seen this doctor***Once 2 – 3 times Over 3 times***Today’s visit is mainly for:***First Consultation Follow-up***You are seeing this doctor today at a:***Public Facility Private Facility***Surgeon’s Name:*** |

|  |
| --- |
| IMPORTANTPLEASE CIRCLE ONLY ONE RESPONSE TO EACH QUESTION  |

**Please answer the following questions about this doctor using one best response per question – please circle your answer:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| ***Based on the most recent visit to my surgeon:*** |  |  |  |  |  |  |
| My surgeon explained my condition to me satisfactorily | 1 | 2 | 3 | 4 | 5 | NA |
| Before booking my surgery, my surgeon explained any alternatives thoroughly in language I understood | 1 | 2 | 3 | 4 | 5 | NA |
| My surgeon explained what could be done if my condition was to recur | 1 | 2 | 3 | 4 | 5 | NA |
| My surgeon or his/her staff explained when to return for follow-up care | 1 | 2 | 3 | 4 | 5 | NA |
|  |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| ***If your surgeon gave you a prescription for medicine:*** |  |  |  |  |  |  |
| My surgeon or his/her staff provided me with instructions on how and when to take the medicine | 1 | 2 | 3 | 4 | 5 | NA |
| My surgeon told me of possible side effects of the medicine | 1 | 2 | 3 | 4 | 5 | NA |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| ***Based on all of your visits to your surgeon’s office, how do you feel about your surgeon’s attitude and behaviour towards you? My surgeon:*** |  |  |  |  |  |  |
| Spends enough time with me | 1 | 2 | 3 | 4 | 5 | NA |
| Shows interest in my problems | 1 | 2 | 3 | 4 | 5 | NA |
| Asks appropriate details about my personal history | 1 | 2 | 3 | 4 | 5 | NA |
| Answers my questions well | 1 | 2 | 3 | 4 | 5 | NA |
| Examines me appropriately for my problems | 1 | 2 | 3 | 4 | 5 | NA |
| Treats me with respect | 1 | 2 | 3 | 4 | 5 | NA |
| Respects my cultural needs | 1 | 2 | 3 | 4 | 4 | N/A |
| Talks with me about treatment plans and alternatives | 1 | 2 | 3 | 4 | 5 | NA |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| ***Rate each statement about your surgeon’s clinic. The clinic:*** |  |  |  |  |  |  |
| Is easy to get into (e.g. parking, wheelchair access etc) | 1 | 2 | 3 | 4 | 5 | NA |
| Has sufficient waiting areas | 1 | 2 | 3 | 4 | 5 | NA |
| Examining rooms are adequately sized and have adequate equipment | 1 | 2 | 3 | 4 | 5 | NA |
| Is clean and in good repair | 1 | 2 | 3 | 4 | 5 | NA |
| Provides adequate privacy | 1 | 2 | 3 | 4 | 5 | NA |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| ***How do you feel that your surgeon runs his/her practice?*** |  |  |  |  |  |  |
| **Telephone / Emergency:** |  |  |  |  |  |  |
| I can reach the office by phone during the day | 1 | 2 | 3 | 4 | 5 | NA |
| In an emergency situation, my surgeon’s office provides me with clear instructions on what I am to do | 1 | 2 | 3 | 4 | 5 | NA |
| My messages are returned | 1 | 2 | 3 | 4 | 5 | NA |
| **The Staff:** |  |  |  |  |  |  |
| Are very capable | 1 | 2 | 3 | 4 | 5 | NA |
| Are helpful and pleasant | 1 | 2 | 3 | 4 | 5 | NA |
| Are respectful of patients | 1 | 2 | 3 | 4 | 5 | NA |
| Behave in a professional manner | 1 | 2 | 3 | 4 | 5 | NA |
| They work well with my surgeon | 1 | 2 | 3 | 4 | 5 | NA |
| Prevent patients hearing confidential information about other patients | 1 | 2 | 3 | 4 | 5 | NA |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| **Office Practices:** |  |  |  |  |  |  |
| I receive an appropriate explanation if my appointment is delayed | 1 | 2 | 3 | 4 | 5 | NA |
| When asked, my surgeon provides reports, files or copies of letters | 1 | 2 | 3 | 4 | 5 | NA |
| I am advised of results of tests or x-rays | 1 | 2 | 3 | 4 | 5 | NA |
| My surgeon arranges appointments with other specialists when necessary | 1 | 2 | 3 | 4 | 5 | NA |
| Someone from my surgeon’s office follows up on any serious problems I may have | 1 | 2 | 3 | 4 | 5 | NA |
| I am told what to do if my problems do not get better | 1 | 2 | 3 | 4 | 5 | NA |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree****1** | **Disagree****2** | **Neutral****3** | **Agree****4** | **Strongly Agree****5** | **Not Applicable****NA** |
| **General:**  |  |  |  |  |  |  |
| My surgeon asks regularly about prescription and non-prescription medicine I may be taking | 1 | 2 | 3 | 4 | 5 | NA |
| My surgeon has printed health information available | 1 | 2 | 3 | 4 | 5 | NA |
| I would go back to this surgeon  | 1 | 2 | 3 | 4 | 5 | NA |
| I would send a friend to this surgeon  | 1 | 2 | 3 | 4 | 5 | NA |

|  |
| --- |
| **Comments** |

**Please return this questionnaire to the surgeon’s clinic**