Anticoagulant (Warfarin) Clinic

Patient Satisfaction Questionnaire

Please score the following where 1 is Not At All Satisfied and 5 is Extremely Satisfied

How satisfied were you with the **referral arrangements** to the clinic?	1	2	3	4	5
To what extent do you find the **location** of the Anticoagulant Clinic accessible?	1	2	3	4	5
To what extent do you find the **parking** at the Anticoagulant Clinic convenient?	1	2	3	4	5
How satisfied are you with the **opening times** of the Anticoagulant Clinic?	1	2	3	4	5
How satisfied are you with the **waiting area**?	1	2	3	4	5
How satisfied are you with the **punctuality (time keeping)** of the clinic appointments?	1	2	3	4	5
How satisfied are you with the **length of appointments** at the clinic?	1	2	3	4	5
How satisfied are you with the **availability of suitable appointments?**	1	2	3	4	5
How satisfied are you with the **ease of changing appointments**?	1	2	3	4	5
How satisfied are you with the **method of blood testing used**?	1	2	3	4	5
How useful is the **printed information** you have been given?	1	2	3	4	5
How satisfied are you with the **verbal information and advice** you receive?	1	2	3	4	5
How satisfied are you with the the **Anticoagulant Clinic in general?**	1	2	3	4	5
Other Comments on any aspects asked about above or anything else about the Anticoagulant Clinic that you attend.					

Questionnaire Number

Comments

One patient stated that parking was not applicable to them

Please identify key themes that you ha improvements you w

Major Theme
Parking

ve identified from the completed questionnaires and explain what ill be making as a result of this patient feedback.

Actions required	Lead in practice	Review Date
However there is parking in local roads - no further action	P.M.	1.2.15