

The General Practice Assessment Questionnaire (GPAQ)

Dear Patient

We would be grateful if you would complete this survey about your general practice and your visit today.

The doctors at your practice want to provide the highest standard of care. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and your doctor will NOT be able to identify your individual responses.

Thank you.

Because part of the survey is about the doctor you saw today, please write the doctor's name below

The doctor I saw today was Dr _____

1	In the past 12 months, how many times have you seen a doctor from your practice?	None <input type="checkbox"/> 1	Once or twice <input type="checkbox"/> 2	Three or four times <input type="checkbox"/> 3	Five or six times <input type="checkbox"/> 4	Seven times or more <input type="checkbox"/> 5		
2	How do you rate the way you are treated by receptionists at your practice?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6	
3	a) How do you rate the hours that your practice is open for appointments?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6	
	b) What additional hours would you like the practice to be open? (please tick all that apply)	Early morning <input type="checkbox"/> 1	Lunch times <input type="checkbox"/> 2	Evenings <input type="checkbox"/> 3	Weekends <input type="checkbox"/> 4	None, I am satisfied <input type="checkbox"/> 5		
4	Thinking of times when you want to see a particular doctor: (please tick one box only)							
	a) How quickly do you usually get to see that doctor?	Same day <input type="checkbox"/> 1	Next working day <input type="checkbox"/> 2	Within 2 working days <input type="checkbox"/> 3	Within 3 working days <input type="checkbox"/> 4	Within 4 working days <input type="checkbox"/> 5	5 or more working days <input type="checkbox"/> 6	Does not apply <input type="checkbox"/> 7
	b) How do you rate this?	Very poor <input type="checkbox"/> 1	Poor <input type="checkbox"/> 2	Fair <input type="checkbox"/> 3	Good <input type="checkbox"/> 4	Very good <input type="checkbox"/> 5	Excellent <input type="checkbox"/> 6	Does not apply <input type="checkbox"/> 7

5 Thinking of times when you are willing to see **any** doctor: (please tick one box only)

	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How quickly do you usually get seen?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

6 If you need to see a GP **urgently**, can you normally get seen on the same day?

Yes	No	Don't know/never needed to
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

7 a) How long do you usually have to **wait** at the practice for your consultations to begin? (please tick one box only)

5 minutes or less	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Very poor	Poor	Fair	Good	Very good	Excellent	
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

8 Thinking of times you have **phoned** the practice, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Don't know/never tried
a) Ability to get through to the practice on the phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Ability to speak to a doctor on the phone when you have a question or need medical advice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

9 This question asks about your usual doctor. If you don't have a 'usual doctor', answer about the one doctor at your practice who you know best. If you don't know any of the doctors, go straight to question 10.

	Always	Almost always	A lot of the time	Some of the time	Almost never	Never
a) In general, how often do you see your usual doctor ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	Very poor	Poor	Fair	Good	Very good	Excellent
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10	Thinking about your consultation with the doctor today , how do you rate the following:	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a)	How thoroughly the doctor asked about your symptoms and how you are feeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b)	How well the doctor listened to what you had to say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c)	How well the doctor put you at ease during your physical examination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d)	How much the doctor involved you in decisions about your care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e)	How well the doctor explained your problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f)	The amount of time your doctor spent with you today?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g)	The doctor's patience with your questions or worries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h)	The doctor's caring and concern for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

11	After seeing the doctor today do you feel	Much more than before the visit	A little more than before the visit	The same or less than before the visit	Does not apply
a)	able to understand your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b)	able to cope with your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c)	able to keep yourself healthy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Finally, it will help us to understand your answers if you could tell us a little about yourself:

12 Are you:

¹ Male

² Female

13 How old are you? _____ years

14 Do you have any **long-standing illness, disability or infirmity**? By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time

¹ Yes

² No

15 Which **ethnic group** do you belong to? (please tick one box)

¹ White

⁴ Mixed

² Black or Black British

⁵ Chinese

³ Asian or Asian British

⁶ Other ethnic group

16 Is your **accommodation**: (please tick one box)

¹ Owner-occupied/mortgaged?

² Rented or other arrangements?

17 Which of the following best describes you? (please tick one box)

¹ Employed (full or part time, including self-employed)

⁵ Looking after your home/family

² Unemployed and looking for work

⁶ Retired from paid work

³ At school or in full time education

⁷ Other (please describe).....

⁴ Unable to work due to long term sickness

18 We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your health care?

Is there anything that could be improved?

Any other comments?

Thank you for taking time to complete this questionnaire.