

## SAFE – Specialist Assessment Patient Satisfaction Questionnaire

Name of Practitioner:	Date of Appointment:
Location of Clinic Appointment:	Your Name (Optional):

It is very important for us to know how you rate your experience so please complete the following questions. In regard to the complaint you have been assessed for, please ✓ (tick) which statements apply from the options below:

	Extremely unlikely	Unlikely	Neither likely or unlikely	Likely	Extremely likely	Don't Know
<b>1) How likely are you to recommend our Service to friends and family if they needed similar care or treatment?</b>						
Please can you tell us why you would / would not recommend us to your Friends and Family						

Please tick which applies from the questions below:	Highly Agree	Agree	Disagree	Strongly Disagree
1) The appointment was made in a timely and professional manner				
2) I am satisfied with the assessment I received				
3) I feel the GP/Consultant who undertook the assessment listened to me and valued my opinion				

If you would like to add any further comments please do so here:

If you are a resident within a **Care Home**, or you have a **Carer**, please would you ask them to complete the following:

Do you feel more supported with the Safe Service/Assessment being carried out?      Yes     No

	Not very good	Good	Very good
How well do you rate the overall service?			

**Thank you** for taking time to complete our questionnaire, this will help us improve the service we offer.