



# Patient Feedback Questionnaire

Cork University Dental School & Hospital

Please help us by completing this questionnaire

Your feedback is important to us and helps us to continually improve

We would like you to answer a series of questions about the staff member/student that you saw today. All you need to do for Section A is to rate them for each skill shown on a scale of 1-5 (where 1=poor, 2=fair and so on) and blacken the appropriate circle to show your choice.

Please shade circles like this: ●

If you are unsure of a question, or if it is not relevant to your visit, then choose the “Can’t Say” circle.

All of your answers are **confidential** – the staff member/student will not see your answers.

Over the page, you will find further questions to answer.

Section A	Rating Scale					
	Poor	Fair	Good	Very Good	Excellent	Can't Say
How was the student/staff member you saw today at -	1	2	3	4	5	
Greeting you in a friendly way; not being grumpy or rude to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking you questions about the reasons for your visit and listening carefully to your answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining what s/he is going to do before starting to examine you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letting you know what s/he finds after examining you; not keeping you in the dark or confusing you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking through the different options for your treatment and helping you to choose; not rushing ahead or telling you what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicating the likely cost of the chosen course of treatment at the outset; never waiting until you are presented with the bill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating you with courtesy, respect and as an equal; never belittling you or making you feel stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being sensitive, understanding and patient with you; never rough, unsympathetic or impatient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warning you in advance of any likely pain involved and offering you ways of reducing pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking in plain language, using words you can understand; never being too technical or complicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspiring your trust and confidence; never appearing nervous or unsure of himself/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising you on how to look after your teeth & gums at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to any questions you have and answering you clearly; not avoiding or ignoring your questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over

## Section B

Would you recommend this staff member/student to a friend?

Definitely Not <input type="radio"/>	Probably Not <input type="radio"/>	Not Sure <input type="radio"/>	Probably Yes <input type="radio"/>	Definitely Yes <input type="radio"/>
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Would you ask to see this staff member/student again?

Definitely Not <input type="radio"/>	Probably Not <input type="radio"/>	Not Sure <input type="radio"/>	Probably Yes <input type="radio"/>	Definitely Yes <input type="radio"/>
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Please identify the clinical area you visited today, and whether your treatment was provided by a student or a staff member, by blackening one of the circles in the table below.

	Staff Member	Student
Restorative	<input type="radio"/>	<input type="radio"/>
Dental Hygiene	<input type="radio"/>	<input type="radio"/>
Oral Surgery	<input type="radio"/>	<input type="radio"/>
Paediatric Dentistry	<input type="radio"/>	<input type="radio"/>
Orthodontics	<input type="radio"/>	<input type="radio"/>

## Section C

- Please answer the following questions about yourself by blackening the appropriate circle or circles.
- This information is for statistical purposes only and your answers will be kept entirely **confidential**.
- Please leave blank any questions that you do not wish to answer.

1. What is your age? \_\_\_\_\_

2. What is your gender?       Male                       Female

3. What is your preferred language?

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> English | <input type="radio"/> Sign language                 |
| <input type="radio"/> Irish   | <input type="radio"/> Spanish                       |
| <input type="radio"/> Polish  | <input type="radio"/> Other (please specify): ..... |

4. How long have you been a patient of the particular staff member/student that you saw today?

- |   |  |
|---|--|
| <input type="radio"/> This was my first visit | <input type="radio"/> Between 6 months and 12 months |
| <input type="radio"/> Less than 6 months      | <input type="radio"/> More than 12 months            |

5. What could the staff member/student do to improve?

6. What could the Hospital do to improve?