**SSRG – Client Satisfaction Survey Form**

**CLIENT DETAILS:**

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| --- | --- | --- | --- |
| Surname: |  | Date: |  |
| Given Names: |  | Contact Phone: |  |
| Email: |  | | |

**SURVEY QUESTIONS:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The SSRG Staff are courteous?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I received clear information from the staff?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| **The staff are knowledgeable?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appointments are available in a reasonable time frame?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| **Appointment times are convenient?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The clinicians met my needs?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patients are the top priority at SSRG?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I would return to SSRG for additional care if required?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

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| **I would recommend SSRG to a family member or friend?** | | | | | | | | | | | | | |
| Strongly  Disagree | ⬜ | Moderately  Disagree | ⬜ | Slightly  Disagree | ⬜ | N/A | ⬜ | Slightly  Agree | ⬜ | Moderately  Agree | ⬜ | Strongly  Agree | ⬜ | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are there any aspects of our care which we could improve?** | **Yes** | ⬜ | **No** | ⬜ | |
| **Additional Comments:** | | | | |
|  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Do you have any further feedback for us?** | **Yes** | ⬜ | **No** | ⬜ | |
| **Additional Comments:** | | | | |
|  | | | | |

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| --- | --- | --- | --- |
| For Internal Use Only | | | |
| Date of Survey: |  | Coreplus Client Reference No.: |  |
| Allocated Clinician Name: |  | Details Entered (Date & Initial): |  |