FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

PATIENT FEEDBACK QUESTIONNAIRE

For Dr _____

All doctors are expected to seek feedback on a regular basis from those they work with and treat. Information from patients, relatives and friends is an important part of this process. The feedback will be reviewed and acted upon where appropriate.

In responding to each question please tick the box that most represents your situation or viewpoint. You also have the opportunity to state what your pain doctor did particularly well, or anything they could improve on. The answers you give should only be about today's consultation with your Pain doctor.

Please do NOT write your name on this questionnaire. You will not be identified when your answers are given back to your Pain doctor.

Please enter today's date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

1. Are you filling in this questionnaire for:

☐ Yourself ☐ Your child ☐ A relative, spouse, partner or friend

If you are filling this in for someone else, please answer the following questions from the patient's point of view.

2. Why did you see the Pain doctor today?

☐ I have been seen as an Inpatient

☐ I am attending a pain outpatient clinic

☐ I am having treatment for a chronic pain condition

Other reason (please specify)_____

3. How would you rate your Pain doctor at each of the following?

Please tick one box in each line	Very poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply/ Do not know
a. Introducing themselves to you	☐	☐	☐	☐	☐	☐
b. Being polite	☐	☐	☐	☐	☐	☐
c. Putting you at ease	☐	☐	☐	☐	☐	☐
d. Listening to you	☐	☐	☐	☐	☐	☐
e. Assessing your condition	☐	☐	☐	☐	☐	☐
f. Explaining your treatment to you	☐	☐	☐	☐	☐	☐
g. Involving you in decisions about your treatment	☐	☐	☐	☐	☐	☐
h. Answering your questions	☐	☐	☐	☐	☐	☐

4. Please decide how strongly you agree or disagree with the following statements about your Pain doctor

Please tick one box in each line	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply/ Do not know
a. The doctor seems approachable	☐	☐	☐	☐	☐	☐
b. I have confidence in the ability of this doctor to provide safe care	☐	☐	☐	☐	☐	☐
c. I was satisfied with the doctor and would be happy to see him/her again	☐	☐	☐	☐	☐	☐
d. The doctor treated me with dignity and respect	☐	☐	☐	☐	☐	☐
e. I was given enough privacy by the doctor	☐	☐	☐	☐	☐	☐

5. Was there anything else that this Pain doctor did particularly well, or anything that they could improve on?

Questions 6 to 9 can be left blank if you prefer not to provide this information.

6. Are you:

☐ Male ☐ Female

7. Your age group:

☐ Under 15 ☐ 15-20 ☐ 21-40 ☐ 41-60 ☐ 60 or over

8. Is English (in Wales, Welsh or English) a main language for you?

☐ Yes ☐ No

9. What is your ethnic group? Please choose one section from A to E, and then tick the appropriate box to indicate your cultural background.

A White	**B** Mixed	**C** Asian or Asian British	**D** Black or Black British	**E** Chinese or other ethnic group
☐ British	☐ White and Black Caribbean	☐ Indian	☐ Caribbean	☐ Chinese
☐ Irish	☐ White and Black African	☐ Pakistani	☐ African	☐ Any other
☐ Any other White Background	☐ White and Asian	☐ Bangladeshi	☐ Any other Black Background	
	☐ Any other Mixed Background	☐ Any other Asian Background		
Please write in:	Please write in:	Please write in	Please write in:	Please write in:

Thank you so much for taking the time to give Feedback today. Your Pain doctor is very grateful for your input.