



## Patient Feedback Questionnaire

Far Headingley Dental Care is committed to providing quality dentistry in a modern and friendly environment. To help us improve our service we kindly ask you complete this questionnaire. Please use the following scale for all appropriate questions and circle your answer: 0 = poor 10 = excellent  
Your answers will be kept confidential

How would you rate the overall quality of service provided by our reception team (consider friendliness, efficiency, appearance, telephone manner etc.)

0      1      2      3      4      5      6      7      8      9      10

Please rate your overall experience with your dentist (consider friendliness, explanation of treatment, how treatment was carried out etc)

0      1      2      3      4      5      6      7      8      9      10

How would you rate the nursing team (consider supportiveness, friendliness, cleanliness of surgery)

0      1      2      3      4      5      6      7      8      9      10

Who did you see today for your treatment?

Mrs Precious ☐    Mr Campbell ☐    Miss Beardsmore ☐    Miss Rebecca Backhouse ☐

After being recommended treatment did you get a costed treatment plan and was this explained clearly and did you understand the next stages of your treatment?

Yes      ☐                                      No      ☐                                      Not applicable      ☐

How easily were you able to book the appointment time(s) you required?

0      1      2      3      4      5      6      7      8      9      10

Are you usually seen on time for your appointments?

Yes      ☐                                      No      ☐      How long were you kept waiting      \_\_\_\_\_

How satisfied are you overall with your treatment?

0      1      2      3      4      5      6      7      8      9      10

How would you rate your treatment overall for value for money?

0      1      2      3      4      5      6      7      8      9      10

How would you rate the quality of the environment at Far Headingley dental care? (Consider car park facilities, reception area, surgeries, cleanliness, patient washroom etc.)

0      1      2      3      4      5      6      7      8      9      10

How well do you feel the practice communicates with its clients? (Consider telephone manner, appointment reminders, practice website etc)

0      1      2      3      4      5      6      7      8      9      10

Are you aware the practice offers the following (please tick)

- Free Child check-ups (under the age of 16) ☐
- Whitening treatments ☐
- Cosmetic treatments ☐
- Clear Braces ☐
- Denplan ☐
- Implants ☐

Would you recommend us to your family and friends?

Yes      ☐                                      No      ☐

If you would like to make any other comments and make suggestions on how you think we could improve our practice please write on the reverse of this form.

**Thank you**