

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 Anaesthetist did particularly well, or anything he or she could improve on. The answers you give should only be about today's consultation with your Anaesthetist.

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

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 Anaesthetist today?

☐ I am having an operation today or tomorrow ☐ I am attending a pre-assessment clinic
☐ I am having an epidural for pain relief in labour ☐ I am having treatment for a chronic pain condition
☐ I am a patient in Intensive Care/High Dependency Unit

Other reason (please specify) _____

3 How would you rate your Anaesthetist 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Being polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Putting you at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Listening to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Assessing you for your anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Explaining your anaesthetic/treatment to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Involving you in decisions about your anaesthetic/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Answering your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one box in each line

Strongly
disagree

Disagree

Neutral

Agree

Strongly
agree

Does not
apply/
do not
know

a The Anaesthetist seems approachable

☐
☐
☐
☐
☐
☐

b I have confidence in the ability of this Anaesthetist to provide safe care

☐
☐
☐
☐
☐
☐

c I was satisfied with the Anaesthetist and would be happy to see him/her again

☐
☐
☐
☐
☐
☐

d The Anaesthetist treated me with dignity and respect

☐
☐
☐
☐
☐
☐

e I was given enough privacy by the Anaesthetist

☐
☐
☐
☐
☐
☐

5 Was there anything else that this Anaesthetist did particularly well, or anything that he or she 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

☐ British

☐ Irish

☐ Any other White Background

Please write in

B Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed Background

Please write in

C Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any other Asian Background

Please write in

D Black or Black British

☐ Caribbean

☐ African

☐ Any other Black Background

Please write in

E Chinese or other ethnic group

☐ Chinese

☐ Any other

Please write in

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