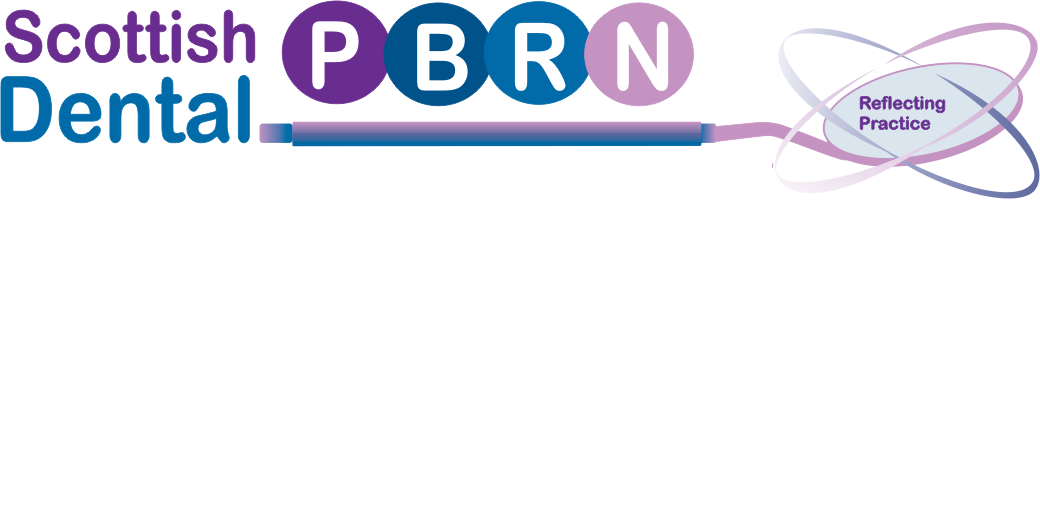


**PATIENT EXPERIENCE QUESTIONNAIRE**

**Primary Care Dental Services**



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| --- |
| **Dental Services Patient Experience Questionnaire** |

**Introduction**

The purpose of this questionnaire is to provide your dentist with some feedback from patients on the service he/she provides and to help your dental team assess how well the National Standards for Dental Services are being met in this dental practice.

The results will help to improve the services received by patients.

**Completing the questionnaire is voluntary. It will take about 10 minutes to complete. You cannot be identified from the answers that you give.**

Once you have completed the questionnaire, please seal it in the envelope provided and <<details of local arrangements for return of PEQ>>

If you are returning your questionnaire by post, you do not need a stamp <<delete if not appropriate>>.

**Completing the questionnaire – Guidance Notes**

Please base your answers on your experiences during **your most recent** **course of treatment** **at this dental practice. This includes a course of treatment where the only treatment you received was a check-up (examination) and/or a scale and polish**. If a relative, friend or carer is helping you to complete the questionnaire please remember that all answers are given from **your** point of view – not the point of view of the person helping you.

For each question please place a tick within the appropriate box - for example, if you strongly agree with a question then place a tick as follows in the strongly agree box.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick **one** box for each question | **Strongly Agree** | | | **Agree** | | | **Neither Agree nor Disagree** | | | **Disagree** | | | **Strongly Disagree** | | |
| Question |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **✓** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* Read the questions and instructions carefully.
* Don’t worry if you make a mistake. Simply cross it out and tick the correct answer.
* Only answer questions you are comfortable answering. If you don’t want to answer a question leave it blank and move on to the next.
* For help with filling in the questionnaire or if you would like more information please contact: << local contact details (name/telephone number/email)>>

**Thank you for taking the time to provide us with your views.**

|  |
| --- |
| **SECTION 1: Before Your Appointment** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question 1:** | | | **Question 5:** | | |
| It is easy for me to make a convenient appointment with my dentist. | | | The amount of time I had to wait to be seen after I arrived at the practice was: | | |
|  |  |  |  |  |  |
|  |  | Strongly agree |  |  | Reasonable |
|  |  |  |  |  |  |
|  |  | Agree |  |  | Too long |
|  |  |  |  |  |  |
|  |  | Neither agree nor disagree |  |  | I don’t remember |
|  |  |  |  |  |  |
|  |  | Disagree |  |  |  |
|  |  |  |  |  |  |
|  |  | Strongly disagree |  |  |  |
|  |  |  |  |  |  |
| **Question 2:** | | | **Question 6a:** | | |
| The information I was given before my appointment was helpful. | | | If, I waited more than 15 minutes to be seen, I received an explanation. | | |
|  |  |  |  |  |  |
|  |  | Yes, a lot |  |  | Yes 🡪 Please go to Question 6b |
|  |  |  |  |  |  |
|  |  | Yes, a little |  |  | No 🡪 Please go to Question 6b |
|  |  |  |  |  |  |
|  |  | No, not at all |  |  | I waited less than 15 minutes 🡪 Please go to Question 7 |
|  |  |  |  |  |
|  |  | I wasn’t given any information |  |  |
|  |  |  |  |  |  |
|  |  | I don’t remember |  |  | I don’t remember 🡪 Please go to Question 7 |
|  |  |  |  |  |
| **Question 3:** | | | **Question 6b:** | | |
| If I am a new patient at this practice, I was offered a patient information leaflet. | | | Having waited more than 15 minutes to be seen, I was given the opportunity to discuss alternative arrangements. | | |
|  |  |  |  |  |  |
|  |  | Yes |  |  | Yes |
|  |  |  |  |  |  |
|  |  | No |  |  | No |
|  |  |  |  |  |  |
|  |  | I don’t remember |  |  | I don’t remember |
|  |  |  |  |  |  |
|  |  | Does not apply |  |  |  |
|  |  |  |  |  |  |
| **Question 4:** | | | **Question 7:** | | |
| I received information to help me understand if I need to pay for my NHS dental treatment. | | | How anxious do you feel about visiting the dentist? | | |
|  |  |  |  |  |  |
|  |  | Yes |  |  | I don’t feel anxious at all |
|  |  |  |  |  |  |
|  |  | No |  |  | I feel a bit anxious |
|  |  |  |  |  |  |
|  |  | I wasn’t given any information |  |  | I feel very anxious |
|  |  |  |  |  |  |
|  |  | I don’t remember |  |  |  |
|  |  |  |  |  |  |
|  |  | Does not apply, I am not an NHS patient |  |  |  |
|  |

|  |
| --- |
| **SECTION 2: At Your Appointment** |

**Question 8:**

How much do you agree or disagree with each of the following statements about your visit to this dental practice? A treatment includes a check-up (examination) or a scale and polish.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Not Applicable** | | | **Strongly Agree** | | | **Agree** | | | **Neither Agree nor Disagree** | | | **Disagree** | | | **Strongly Disagree** | | |
| My different treatment options are discussed with me. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am given the chance to ask questions about my dental treatment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am given an explanation of what will happen during my treatment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The explanation I am given helps me understand my treatment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am told how long my course of treatment is likely to last. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I have the opportunity to ask for more information. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My dentist makes every effort to make sure I am in as little pain as possible. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My dentist makes every effort to reduce any anxiety I have about my dental treatment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am given an explanation of what I need to do to take care of my teeth at home. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The explanation I am given helps me understand what I need to do to take care of my teeth at home. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My dentist is considerate and understanding. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Before I receive any treatment, the costs are explained to me. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Question 8, continued:**

How much do you agree or disagree with each of the following statements about your visit to this dental practice?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Not Applicable** | | | **Strongly Agree** | | | **Agree** | | | **Neither Agree nor Disagree** | | | **Disagree** | | | **Strongly Disagree** | | |
| I understand which parts of my care and treatment are available to me under the NHS. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I can pay for my treatment using the payment method most suited to my circumstances. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I do not feel rushed in making decisions about my treatment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I am able to schedule my follow-up appointments within a reasonable timeframe. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SECTION 3: Your Care in General** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question 9:** | | | **Question 11:** | | |
| I am involved in making decisions about my dental care and treatment. | | | When talking to my dentist or dental team, I do not have to worry other people can overhear what I am saying. | | |
|  |  |  |  |  |  |
|  |  | More than I want to be |  |  | Yes |
|  |  |  |  |  |  |
|  |  | As much as I want to be |  |  | No |
|  |  |  |  |  |  |
|  |  | I am not involved enough |  |  | I can’t remember |
|  |  |  |  |  |  |
|  |  | I do not wish to be involved |  |  |  |
|  |  |  |  |  |  |
|  | | |  | | |
| **Question 10:** | | | **Question 12:** | | |
| My dentist and dental team treat me with courtesy and respect. | | | If I have a concern or complaint about my dental care, I know how to make a confidential complaint. | | |
|  |  |  |  |  |  |
|  |  | Strongly agree |  |  | Yes |
|  |  |  |  |  |  |
|  |  | Agree |  |  | No |
|  |  |  |  |  |  |
|  |  | Neither agree nor disagree |  |  | I can’t remember |
|  |  |  |  |  |  |
|  |  | Disagree |  |  |  |
|  |  |  |  |  |  |
|  |  | Strongly disagree |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question 13:** | | | **Question 17:** | | |
| I have received a written copy of my treatment plan. | | | There is another member of the dental team in the room when my dentist treats me. | | |
|  |  |  |  |  |  |
|  |  | Yes |  |  | Yes |
|  |  |  |  |  |  |
|  |  | No |  |  | No |
|  |  |  |  |  |  |
|  |  | I don’t remember |  |  | I don’t remember |
|  |  |  |  |  |  |
|  |  | No other treatment required after check-up |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Question 14:** | | | **Question 18:** | | |
| If I have an emergency or my dental practice is closed, I know how to get help. | | | Overall, I would describe this dental practice as being child-friendly: | | |
|  |  |  |  |  |  |
|  |  | Yes |  |  | Yes |
|  |  |  |  |  |  |
|  |  | No |  |  | No |
|  |  |  |  |  |  |
|  |  | I can’t remember |  |  | Not sure |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Question 15:** | | | **Question 19:** | | |
| Overall, I think facilities provided for patients with disabilities at this dental practice are: | | | Overall, I would rate the care provided at this dental practice as: | | |
|  |  |  |  |  |  |
|  |  | Excellent |  |  | Excellent |
|  |  |  |  |  |  |
|  |  | Good |  |  | Good |
|  |  |  |  |  |  |
|  |  | Fair |  |  | Fair |
|  |  |  |  |  |  |
|  |  | Poor |  |  | Poor |
|  |  |  |  |  |  |
|  |  | Very poor |  |  | Very poor |
|  |  |  |  |  |  |
|  |  | I don’t know |  |  |  |
|  |  |  |  |  |  |
| **Question 16:** | | | **Question 20:** | | |
| Overall, I think the cleanliness of this dental practice is: | | | At my appointment today, I saw the following dental team members: (Please tick all that apply) | | |
|  |  |  |  |  |  |
|  |  | Excellent |  |  | Receptionist |
|  |  |  |  |  |  |
|  |  | Good |  |  | Dental Nurse |
|  |  |  |  |  |  |
|  |  | Fair |  |  | Hygienist |
|  |  |  |  |  |  |
|  |  | Poor |  |  | Therapist/Hygienist Therapist |
|  |  |  |  |  |  |
|  |  | Very poor |  |  | Dentist |
|  |  |  |  |  |  |
|  |  |  |  |  | Other |
|  |  |  |  |  |  |
|  |  |  |  |  | I don’t know |

|  |
| --- |
| **SECTION 4: Your Medications** |

**Question 21:**

Have you been prescribed medications at this dental practice?

|  |  |  |
| --- | --- | --- |
|  |  | Yes → Please complete Question 21 |
|  |  |  |
|  |  | No → Please go to Question 22 |

**Question 21, continued:**

How much do you agree or disagree with each of the following statements about any medications you have been prescribed at this dental practice?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | | | **Agree** | | | **Neither Agree nor Disagree** | | | **Disagree** | | | **Strongly Disagree** | | |
| I was given enough information about what my medications are for. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was given enough information about how and when to take my medications. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was given enough information about possible side effects of my medications. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was given information about what to do if I have any problems with my medications. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SECTION 5: YOUR Comments** |

|  |
| --- |
| If there is anything else you would like to tell us about your experience at this dental practice, please write your comments below. |
|  |
|  |

|  |
| --- |
| **SECTION 6: About You** |

**You cannot be identified by your answers. If you do not wish to answer a question, leave it blank.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question 22:** | | | | | | **Question 26:** | | | | | |
| Are you male or female? | | | | | | Do you usually pay for your NHS treatment? | | | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Male | | | |  |  | Yes | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Female | | | |  |  | No | | | |
|  |  |  | | | |  |  |  | | | |
|  |  |  | | | |  |  | Does not apply, I am not an NHS patient | | | |
|  |
|  |  |  | | | |  |  |  | | | |
| **Question 23:** | | | | | | **Question 27:** | | | | | |
| What was your age at your last birthday? | | | | | | Do you go to the dentist: | | | | | |
|  |  | |  | | |  |  |  | | | |
|  |  | | | years | |  |  | Regularly for check-ups? | | | |
|  |  |  |  | | | |
|  |  |  | Only if you have a problem or pain? | | | |
|  |  | |  | | |  |  |  | | | |
| **Question 24:** | | | | | | **Question 28:** | | | | | |
| Are your day-to-day activities limited by any health problem or disability which has lasted, or is likely to last, more than 12 months? | | | | | | How would you rate your overall dental health? | | | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Extremely limited | | | |  |  | Excellent | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Limited a lot | | | |  |  | Good | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Limited a little | | | |  |  | Fair | | | |
|  |  |  | | | |  |  |  | | | |
|  |  | Not at all limited | | | |  |  | Poor | | | |
|  |  |  | | | |  |  |  | | | |
| **Question 25:** | | | | | | **Question 29:** | | | | | |
| Why did you choose to come to this practice for your dental care? | | | | | | How long did it take you to reach the practice from home/work today? | | | | | |
|  | | | | | |  |  | | |  | |
|  |  | Dental Helpline referred me | | | |  | hours | |  | | minutes |
|  |  |  | | | |
|  |  | I always come to this practice | | | |  |
|  |  |  | | | |  |  | | |  | |
|  |  | The practice has a good reputation | | | |  |  | | |  | |
|  |  |  | | | |  |  | | |  | |
|  |  | I didn’t have a dentist | | | |  |  | | |  | |
|  |  |  | | | |  | | | | | |
|  |  | I needed emergency care | | | | How did you travel to the practice today (e.g. bus, car, foot, etc)? | | | | | |
|  |  |  | | | |
|  |  | Other (please describe below): in):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | |  |  | | | | |
|  |  | | | |  |  |  | | | | |
|  |
|  |

**Thank you for taking the time to complete this questionnaire**