



The Royal Australian and  
New Zealand College of  
Obstetricians and  
Gynaecologists

## Patient Satisfaction Questionnaire

This survey is part of a Practice Review and Clinical Risk Management project developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). It has been designed to provide information to your O&G specialist to assist him/her in providing a service that best meets your needs. All responses are anonymous and treated in strictest confidence. An envelope is provided for your confidential return of the questionnaire. Your doctor will not see your response, as it will be sent directly to RANZCOG for analysis. A detailed report will be prepared for your doctor.

### What is your opinion of the service provided by your specialist on this visit?

1. Was this your first visit to this doctor? Yes ☐ No ☐

2. What was the reason you attended this doctor today? ☐ Obstetric (related to pregnancy)  
☐ Gynaecological (non-pregnancy related)  
☐ Both

	Not relevant	Strongly disagree	Disagree	Agree	Strongly agree
3. Staff at this surgery greeted me and put me at ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The doctor's surgery was child-friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff at this surgery were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff at this surgery explained to me the cost of consultations and treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The time I waited in the waiting room was acceptable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The doctor put me at ease at the start of the consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was offered a chaperone (if the doctor examined me).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The doctor made me feel as comfortable as possible about having an examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would feel comfortable discussing sexual problems with this doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. During any physical examination, the doctor told me what he/she was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The doctor listened to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My questions were answered clearly by the doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The doctor explained things in a way that I could understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The doctor encouraged me to share in making decisions about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The doctor respected my views.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Were you required to have any pathology or x-ray tests ?

☐ No (go to 19)

☐ Yes It was explained to me why the pathology and/or x-ray tests were ordered.

☐ No ☐ Yes

19. Were you prescribed any medication on this visit?

☐ No (go to 20)

☐ Yes The doctor made sure I understood why he/she recommended a particular medication.  
I was told about the side effects of medication prescribed for me on this visit.

☐ No ☐ Yes

☐ No ☐ Yes

	Not relevant	Strongly disagree	Disagree	Agree	Strongly agree
20. Materials provided by the service (such as HDC codes, pamphlets on health conditions etc) were readily available for my information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. By the end of the consultation I felt better able to understand and/or manage my condition and my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I would feel comfortable complaining to this doctor about care or service I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I would recommend this doctor to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Overall, I am satisfied with the care I received at this practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please feel free to comment about your experience and/or suggest any changes or improvements that you would like to see:

Thank you!

If you would like further information about this survey please feel free to contact us:

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