

# The General Practice Assessment Questionnaire (GPAQ) for nurses

Dear Patient

We would be grateful if you would complete this survey about your general practice and your visit today.

The nurses at your practice want to provide the highest standard of care. Feedback from this survey will enable them to identify areas that may need improvement. Your opinions are therefore very valuable.

Please answer ALL the questions that apply to you. There are no right or wrong answers and your practice will NOT be able to identify your individual responses.

Thank you.

Because part of the survey is about the nurse you saw today, please write the nurse's name below:

The nurse I saw today was \_\_\_\_\_

<b>1</b>	In the past 12 months, <b>how many times</b> have you seen a nurse from your practice?	None	Once or twice	Three or four times	Five or six times	Seven times or more
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>2</b>	How do you rate the way you are treated by <b>receptionists</b> at your practice?	Very poor	Poor	Fair	Good	Very good	Excellent
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

<b>3</b>	a) How do you rate the <b>hours</b> that your practice is open for appointments?	Very poor	Poor	Fair	Good	Very good	Excellent
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	b) What <b>additional</b> hours would you like the practice to be open? (please tick all that apply)	Early morning	Lunch-times	Evenings	Week-ends	None, I am satisfied	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

**The following questions are about the nurses at your practice:**

**4** Thinking of times when you want to see a nurse: (please tick one box only)

	Same day	Next working day	Within 2 working days	Within 3 working days	Within 4 working days	5 or more working days	Does not apply
a) How <b>quickly</b> do you usually get to see the nurse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**5** a) How long do you usually have to **wait** at the practice for your consultations with a nurse to begin? (please tick one box only)

5 minutes or less	6-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Very poor	Poor	Fair	Good	Very good	Excellent
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**6** Thinking of times you have **phoned** the practice, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Don't know/never tried
a) Ability <b>to get through to</b> the practice on the phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) Ability to <b>speak to</b> a nurse on the phone when you have a question or need advice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**7** This question asks about your usual nurse. If you don't have a 'usual nurse', answer about the one nurse at your practice who you know best. If you don't know any of the nurses, go straight to question 8.

	Always	Almost always	A lot of the time	Some of the time	Almost never	Never
a) In general, how often do you see your <b>usual nurse</b> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	Very poor	Poor	Fair	Good	Very good	Excellent
b) How do you rate this?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**8** Thinking about **your consultation with the nurse today**, how do you rate the following:

	Very poor	Poor	Fair	Good	Very good	Excellent	Does not apply
a) How <b>thoroughly</b> the nurse asked about your symptoms and how you are feeling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b) How well the nurse <b>listened</b> to what you had to say?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c) How well the nurse <b>put you at ease</b> during your physical examination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d) How much the nurse <b>involved you in decisions</b> about your care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e) How well the nurse <b>explained</b> your problems or any treatment that you need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f) The amount of <b>time</b> the nurse spent with you today?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g) The nurse's <b>patience</b> with your questions or worries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h) The nurse's <b>caring and concern</b> for you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**9** After seeing the nurse today do you **feel...**

	Much more than before the visit	A little more than before the visit	The same or less than before the visit	Does not apply
a) able to <b>understand</b> your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) able to <b>cope</b> with your problem(s) or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) able to <b>keep yourself</b> healthy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Finally, it will help us to understand your answers if you could tell us a little about yourself:**

**10** Are you:  <sup>1</sup> Male  <sup>2</sup> Female

**11** How old are you? \_\_\_\_\_ years

**12** Do you have any **long-standing illness, disability or infirmity**? By long-standing we mean anything that has troubled you over a period of time or that

is likely to affect you over a period of time.

<sup>1</sup> Yes

<sup>2</sup> No

**13** Which **ethnic group** do you belong to? (please tick one box)

<sup>1</sup> White

<sup>4</sup> Mixed

<sup>2</sup> Black or Black British

<sup>5</sup> Chinese

<sup>3</sup> Asian or Asian British

<sup>6</sup> Other ethnic group

**14** Is your **accommodation**: (please tick one box)

<sup>1</sup> Owner-occupied/mortgaged?

<sup>2</sup> Rented or other arrangements?

**15** Which of the following best describes you? (please tick one box)

<sup>1</sup> Employed (full or part time, including self-employed)

<sup>5</sup> Looking after your home/family

<sup>2</sup> Unemployed and looking for work

<sup>6</sup> Retired from paid work

<sup>3</sup> At school or in full time education

<sup>7</sup> Other (please describe) \_\_\_\_\_

<sup>4</sup> Unable to work due to long term sickness \_\_\_\_\_

**16** We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your health care?

Is there anything that could be improved?

Any other comments?

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