



Q2

Did you have confidence and trust in the Physician Assistant you saw?

*Please put a × in one box*

- Yes, definitely
- Yes, to some extent
- No, not at all
- Don't know/can't say

**YOUR OVERALL SATISFACTION**

Q3

In general how satisfied are you with the care you get at your GP surgery or health centre? *Please put a × in one box*

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Q4

Would you recommend your GP surgery or health centre to someone who has just moved to your local area? *Please put a × in one box*

- Yes, would definitely recommend
- Yes, might recommend
- Not sure
- No, would probably not recommend
- No, would definitely not recommend
- Don't know

Q5

In general how satisfied are you with the care you received from the Physician Assistant on the date written on page 1 of this survey? *Please put a × in one box*

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

Q6

Would you be satisfied with seeing the Physician Assistant again who you saw on the date written on page 1 of this survey or prefer to see a GP? *Please put a × in one box*

- Very satisfied to see the Physician Assistant again
- Satisfied to see the Physician Assistant again
- Neither satisfied nor dissatisfied
- Dissatisfied and prefer to see a GP
- Very dissatisfied and prefer to see a GP

#### SOME QUESTIONS ABOUT YOU

These questions will help us see how experiences vary between different groups of the population. Your answers will be completely confidential.

Q7

Are you male or female? *Please put a × in one box*

- Male  Female

Q8

How old are you? *Please put a × in one box*

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> 16 to 24 | <input type="checkbox"/> 55 to 64    |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 65 to 74    |
| <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 75 to 84    |
| <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 85 and over |

Q9

**What is your ethnic group?**

Please choose one section from A to E below, then select the appropriate option to indicate your ethnic group

**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 ethnic group



Please write in