



A NATIONAL INSTITUTE OF HEALTH RESEARCH FUNDED RESEARCH PROGRAMME

Patient Exit Survey Sheets for Practice Visits

Exploratory trial of a real-time feedback intervention in
general practice

Practice ID: _____

Visit date: _____

Notes for Researchers

Please use the attached survey sheets to elicit and record:

- the views of patients who **use** the RTF touch-screens; and
- the views of patients who **do not use** the RTF touch-screens.

Approach patients as they are on their way out of the practice, e.g. in a suitable space near to the exit door.

- Patients do not need to give you their name and they do not need to sign a consent form.

To introduce yourself and the survey:

“Hello, I am ----- . I am a researcher from University of Exeter Medical School (or University of Cambridge).”

“As part of a research study, this practice is trying out the touch-screens in the waiting area to collect patient feedback on a number of different issues”.

“I am visiting the surgery today to see how patients and staff are getting on with the touch-screen equipment ...

- *I noticed that you were using one of the touch-screens just now and I wondered if you would be willing to tell me how you found it.*

OR

- *I noticed that you did not use the touch-screens today and I wondered if you would be willing to tell me why that was.*

It should only take a couple of minutes of your time and you wouldn't have to give me your name. However, it is entirely voluntary so you don't have to take part if you don't want to.”

- If the patient agrees to take part, please read out the questions and record their responses on one of the sheets.
- Where patients decline to take part in the exit survey, please note each incidence by adding a '✓' in the box below:

Exit survey questions for patients who HAVE used the RTF kiosk

Today's date: _____ Patient ID: _____(e.g. 001)

1. How did you find out about the opportunity to leave feedback?

- Saw the touch-screen equipment and wondered what it was
- Saw a poster/flyer in the waiting area
- A member of the practice team mentioned it

If yes, was this a

Doctor / Nurse / Other health professional / Receptionist /
Another member of staff / Patient volunteer / Don't know

(delete as applicable)

- Heard about it from another patient/ relative/ friend
- Read about it in a practice newsletter or on the practice website / noticeboard
- Other means (please specify below)

2. Did you have to wait to use one of the touch-screens?

- Yes No

*If the patient had to wait, roughly for how long? _____
minutes*

3. How easy did you find it to use the touch-screen equipment?

- Very easy Quite easy Not at all easy

If the patient needed help with the touch-screen, who provided this?

A receptionist / Someone accompanying the patient / Another patient /
Someone else

(delete as applicable)

4. Did you have difficulty understanding any of the questions?

 Yes No

If specific questions caused the patient difficulty, note which/why ...

5. Did you answer all the questions presented on the touch-screen?

 Yes No

**6. Roughly how long did it take you to answer the questions? _____
(minutes)**

7. Generally, what do you think of the touch-screens as a way of collecting feedback from patients?

 A good idea A bad idea Indifferent / don't know

8. Any other comments?

Patient's gender:

Male

Female

Which age group?

Under 18 years
46-65 years

18-25 years
Over 65 years

26-45 years
Declined

Exit survey questions for patients who have NOT used the RTF kiosk

Today's date: _____ Patient ID: _____ (e.g. 001)

1. Did you know that the practice team is using the touch-screens to collect feedback from patients who visit the surgery?

Yes

No

If 'Yes', please go to Question 2.

If 'No', please go to Question 5.

2. How did you find out about the opportunity to leave feedback?

Tick any that the patient mentions:

Saw the touch-screen equipment and wondered what it was

Saw a poster/flyer in the waiting area

A member of the practice team mentioned it

PROMPT: If yes, was this a

Doctor / Nurse / Other health professional / Receptionist /
Another member of staff / Patient volunteer / Don't know

(delete as applicable)

Heard about it from another patient/ relative/ friend

Read about it in a practice newsletter or on the practice website / noticeboard

Other means (please specify below)

3. Did you have any specific reasons for not using the touch screen to leave feedback for the practice today?

Yes

No

If 'Yes', please go to Question 4

If 'No', please go to Question 5

4. Can you briefly tell me what your reason(s) were?

Tick any that the patient mentions:

- None of the touch-screens were free
- In a hurry / didn't have time to stop to use a touch-screen
- Wasn't sure how to use the touch-screen
- Didn't like to ask the receptionists for help
- Generally don't like using this type of equipment
- Generally don't like the idea of giving the practice feedback
- Wasn't sure how the feedback would be used or who would see the feedback
- Worried that giving feedback would affect my relationship with the practice staff
- Happy with the services at the practice – didn't see the need to give feedback
- Other reason(s): - please list below

5. Generally, what do you think of the touch-screens as a way of collecting feedback from patients?

- A good idea A bad idea Indifferent / don't know

6. Any other comments?

Patient's gender:

- Male Female

Which age group?

- Under 18 years 18-25 years 26-45 years
46-65 years Over 65 years Declined