
St Paul's Medical Centre
Advanced Physiotherapy Practitioner (APP) Service

Registered GP Practice: _____

We would like to hear about your experience of attending the Advanced Physiotherapy Practitioner (APP) Service appointment today. Your feedback is really appreciated and will help us to continue to develop this service. Any feedback you give is anonymous and will be treated in the strictest confidence.

Please complete page 1, 2 and 3 before your appointment and page 4, 5 and 6 after your appointment. Once the form is completed please hand it to a receptionist before you leave the surgery.

Booking your appointment

1. How did you book your appointment today?

- In person
- By telephone
- Other (please specify)

2. Before you booked this appointment, did you know about the availability of the APP Service? Yes / No

If yes, how did you hear about the service?

- GP reception
- Website
- Newsletter
- Word of mouth
- Other (please specify)

4. How easy was it to book your appointment?

- Very easy
- Easy
- Difficult
- Very difficult

If it was very difficult, please explain why:

5. Did you have an understanding about what the APP Service was and what to expect before you attended your appointment? Yes / No

If yes, how did you come to this understanding?

- From the receptionist
- From the GP or other health worker in the practice
- Word of mouth
- Previous experience
- Other (please specify)

The reason for booking an appointment

1. Area of the body you have a problem with:

- Back
- Left or right shoulder
- Left or right knee
- Left or right hand/wrist/finger
- Other (Please specify)
- Neck
- Left or right hip
- Left or right elbow
- Left or right ankle/foot

2. How long have you had your pain/symptoms

- 1 day-3 weeks
- 4 weeks- 3 months
- 3 months+

2. Have you discussed or told any other clinician (nurse or GP) about this condition? Yes / No

3. Rate your average pain over the last 3 days from 0-10:

(0 being no pain and 10 being the worst pain you can imagine)

1	2	3	4	5	6	7	8	9	10
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4. In the last month has your pain of sufficient intensity to often make you feel worried or low in mood? Yes / No

5. In the last month has it often too painful to do many of your day-today activities? Yes / No

6. Does your pain disturb your sleep? Yes / No

7. If woken by your pain, are you able to settle again? Yes / No

Thank you for completing this pre-assessment questionnaire. Please hand this questionnaire into the APP when they call you for your appointment.

Please complete this section after your appointment and hand the form into the reception before you leave the surgery.

Your appointment today

1. Were you satisfied with the appointment offered?

- Yes
- No, it was not with my preferred clinician
- No, I wanted to see someone sooner
- No, it wasn't at a convenient time
- No, it wasn't at a convenient location
- Other (please specify)

If No, you were not satisfied for some reason, please tell us more.

2. How confident are you in the care you received today?

- Very confident
- To some extent
- Not at all

If to some extent or not at all - Please tell us about your concerns

3. Were your expectations of the appointment met?

- Yes the service exceeded my expectations
- Yes my expectations were met
- No my expectations were not met

If the service did not meet your expectations, please tell us more

4. What happened at your APP appointment (tick all that apply)

- Given advice on how to self-manage
- Given advice about medication
- Given advice about lifestyle changes
- Given some exercises
- Referred for further assessment/investigations
- Referred for further treatment

5. Please use the space below to give us any further feedback about your appointment today.

About you

The following questions help us ensure that we receive feedback from a good cross-section of our patients.

1. Are you:
 - Male
 - Female
 - Prefer not to say

2. Which age band do you fall into:
 - Under 18
 - 18 – 24
 - 25 – 34
 - 35 – 44
 - 45 – 54
 - 55 – 64
 - 65 – 74
 - 75 and over
 - Prefer not to say

3. Do you consider yourself to have any disability? Yes / No

If yes, please tick all that apply

- Hearing Impairment
- Mental Health Problem
- Long Term Condition
- Visual Impairment
- Physical Disability
- Learning Difficulties
- Prefer not to say

4. Which best describes your ethnicity?

- White British
- Asian or Asian British
- Mixed
- Prefer not to say
- White Other
- Black or Black British
- Chinese or other

5. Are you currently working?

- Yes
- No, unemployed
- No, retired
- No, studying
- Off work because of my pain/symptoms
- Prefer not to say

Thank you for taking the time to give us your feedback. It is much appreciated. Please hand this questionnaire into reception before you leave the surgery.