

3. How long did you spend with the doctor today? \_\_\_\_\_ (minutes)

4. How satisfied are you with the length of time you spent with the doctor ?

Not at all satisfied  Fairly satisfied  Very satisfied  Completely satisfied

5. How well do you know the doctor you saw today?

(Don't know doctor at all) 1 2 3 4 5 (Know doctor very well)

6. Would you recommend this doctor to your family and friends?

Definitely not  Probably not  Not sure  Probably yes  Definitely yes

7. How satisfied are you overall with today's consultation?

Not at all satisfied  Fairly satisfied  Very satisfied  Completely satisfied

### About Yourself

8. Are you: Male  Female

9. How old are you? \_\_\_\_\_ years

Child's age if the consultation is for a child aged 12 or below : \_\_\_\_\_

10. What is your marital status?

(If you are filling this in for a child aged 12 or less, please enter your own marital status)

Single  Married/living with a partner   
Separated (but still legally married)  Divorced  Widowed

11. At what age did you leave full-time education? \_\_\_\_\_ years old

12. Are you now:

Employed (full- or part-time, including self-employed)   
Unemployed and looking for work  Retired from paid work   
Unable to work due to long-term sickness or disability  Looking after your home/family   
At School or in full-time education  Other

13. Is your accommodation:

Owner occupied/mortgaged  Rented from local authority/housing association   
Rented from a private landlord  Other arrangement

14. Which ethnic group do you belong to? (Please tick only 1 box)

White  Black or Black British  Asian or Asian British   
Mixed  Chinese  Other ethnic group  \_\_\_\_\_