



Patient survey of dental services



Please tell us about your Dentist.



It will help us check services and help them get better.



Please tick the box that is best for you or write your answer in the space. There is extra space at the end if you need more space for answers.



You do not have to answer any questions you do not want to.

About you



1. Are you

Female

Male

Prefer not to say



2. How old are you?

About your dentist



3. Which dentist do you go to?



4. Was it easy for you to make an appointment with your dentist?

Yes

No

Do not know



5. If you had a letter about your appointment was it in easy read?

Yes

No

Do not know



6. Did the dentists do anything special to help you with your needs when you got there?

For example, was there help to get in the chair if you need it?

Yes

No



7. Did you have enough time to tell the dentist everything?

Yes

No



8. Did you understand everything that was said to you?

For example, what was going to happen to you?

Yes

No



9. If you had some treatment, did they ask you what you wanted?

Yes

No



10. Did the staff talk to you about eating healthily?

Yes

No

What did they say?



11. Did the staff talk to you about keeping your mouth healthy?

Yes

No



12. Did the dentist tell you when you should go to see them again?

Yes

No



13. How did you find your time in the service?

For example, what went well?

What could have been done better?

Do you want to tell us anything else about your dentists visit?

Extra space.



Thank you very much for helping us!

What you have said will be very helpful to us and the Hospital.



Please send this form to:



Credits

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