



Denplan Excel Patient Survey

Dear Patient

Your dentist places great importance on ensuring that the quality of care and service you receive is of the highest possible standard and as a mark of this commitment has been awarded Denplan Excel Accreditation.

Asking patients for their views on the care and treatment provided by the practice team is an important part of their accreditation programme as it helps the practice to monitor and develop the service they offer to you.

Your feedback is vital, so please take a few moments to complete this questionnaire and return it in the accompanying reply paid envelope by the 7th of October.

Alternatively, you can complete the survey online by typing **www.researchbyinternet.com/denplanexcel** into your web browser (rather than a search engine) and entering the numbers printed below.

Security Code Part One:	<input type="text"/>	Security Code Part Two:	<input type="text"/>
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Responses to the open ended questions will be scanned and forwarded to your dentist. For the rest of the survey, your dentist will only see summary results from which it will not be possible to identify the opinions of individuals.

On behalf of your dentist, thank you very much in advance for your time and assistance.

Yours sincerely

Roger Matthews MA BDS DGDP(UK) FDSRCS(Edin)
Chief Dental Officer, Denplan

Please see over

Your completed questionnaire will be received and collated by an independent company; ERS Research, Independence House, 33, Clarendon Road, London N8 0NW

YOUR FEEDBACK

<i>(Please tick the appropriate box below)</i>		Ideal	Acceptable	Unacceptable
Q1	How would you describe the general level of comfort and freedom from pain in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Generally, and as far as your teeth and mouth are concerned, how would you describe your ability to eat just about anything you like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Generally, how would you describe the appearance of your teeth (including any false teeth)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	How would you rate the competence of your dental team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5	How would you rate the standard of cleanliness and hygiene at your dental practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6	How would you describe the attitude of the dental team towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7	How would you rate the ability of your dental team to understand your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8	How would you rate the ability of the dental team to explain things to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q9	How would you describe the value for money given by your dental practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10	How would you rate the level of trust that you feel in your dental team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 How do you rate the service offered by the dental team?									
Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unacceptable	<input type="checkbox"/>

Q12 How likely is it that you would recommend your dental practice to a friend or colleague?	Score
<i>(Please give a score out of 10, where 0 = Not at all likely and 10 = Extremely likely.)</i>	<input style="width: 40px; height: 30px;" type="text"/>

Q13 Please tell us one thing which could be improved about your dental practice. (Please write in below)

Q14 What do you like best about your dental practice? (Please write in below)

ABOUT YOU

Q15 Please indicate your regular dentist.							
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Q16 What type of patient are you?				Q17 Are you:					
Denplan	<input type="checkbox"/>	Private fee-per-item	<input type="checkbox"/>	NHS	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Q18 What is your age (or the age of the child you are responding on behalf of?)											
5 or younger	<input type="checkbox"/>	6-11	<input type="checkbox"/>	12-18	<input type="checkbox"/>	19-34	<input type="checkbox"/>	35-54	<input type="checkbox"/>	55+	<input type="checkbox"/>