



# Customer Service Questionnaire

***Your views are important to us.***

We would appreciate feedback about the service we provide at Beauchamp House.

Please take a few moments to complete the following questionnaire and place in the box provided at reception.

If you would like to complete the questionnaire online, please go to: [www.dental100.com/feedback](http://www.dental100.com/feedback)

*Please rate the following by ticking the box:*

## Appointments - Timekeeping and waiting periods

### The time taken between booking and attending your appointment

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### The timekeeping of the dentist / hygienist

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

## Staff - The friendliness / attitude of the staff at the practice

### Receptionists

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### Dental Nurses

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### Which Dentist

- |  |  |
|--|--|
| <input type="checkbox"/> Graham Smith  | <input type="checkbox"/> Christopher     |
| <input type="checkbox"/> Helen Pearson | <input type="checkbox"/> Parkinson-Brown |
| <input type="checkbox"/> Gwyn Thomas   | <input type="checkbox"/> Reem Kaddour    |

### Which Hygienist

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> Val Rebeiro           | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Nicci Blandford       |                              |
| <input type="checkbox"/> Geraldine Bruce-Tagoe |                              |

### Your Dentist

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### Hygienists

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> N/A       |

# Customer Service Questionnaire continued...

## Facilities - The standards of cleanliness at the practice

### The waiting areas

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### The treatment rooms

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

## Your Dental Care

### The verbal information you were given about your care / treatment

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> N/A       |

### The written information you were given about your care / treatment

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> N/A       |

### The opportunity you were given to discuss your care / treatment

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   | <input type="checkbox"/> N/A       |

### The standard of dental care you have received at the practice

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### How do you rate the overall service provided at the practice?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Poor           | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Satisfactory   |                                    |

### Would you recommend us to a friend?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

## Your comments or suggestions

*Your feedback is appreciated.*

[Submit Questionnaire](#)