Medico-legal questionnaire

for	Dr									
	ensed doctors are expected to seek fee ere appropriate.	edback fro	om colleagues an	d people they see	and to revie	w and act upon	that feedback			
The	purpose of this exercise is to provide ort on and treat, and is intended to he				hrough the e	eyes of those the	ey work with,			
Ple	ase do <u>not</u> write your name on this que	stionnaire								
Ple	ase base your answers only on the cons	sultation y	ou have had tod	ay.						
	ase mark each box 3 with a tick. pice.	If you cha	nge your mind ju	st cross out your	old response	and make your	new			
Plea	ase write today's date here:	/ 🗆 🗆 /	/							
1	Are you filling in this questionnaire for Yourself Your child		Your spo	ouse or partner	☐ An	other relative o	r friend			
If y	ou are filling this in for someone else, p	olease ans	wer the following	g questions from t	the <u>client's</u> po	oint of view.				
2	Which of the following best describes the reason you saw the doctor today? (Please tick one box only) A report for the criminal court A report for my workplace I am not sure why Other									
3	On a scale of 1 to 5, how important to	o your (or	the client's) futu	re will this report	t be?					
	Not very important	□ -			r	V				
	∐1	2		3	l	4	5			
4	How good was the doctor today at ea	ch of the	following? (Pleas	se tick one box in	each line)					
		Poor	Less than	Satisfactory	Good	Very	Does not			
			satisfactory			good	apply			
а	Explaining the report's purpose									
b	Explaining about confidentiality									
С	Explaining about medical notes									
d	Being polite									
е	Listening to you (or the client)									
f	In a criminal case, explaining how the report may be used by the court									
g	Making you (or the client) feel at ease	П		П	П		П			

5	Please decide how strongly you agree or disagree with the following statements by ticking <u>one</u> box in each line.											
		Strongly di	sagree Disag	ree Neutral	Agree	Strongly agree	Does not apply					
a	This doctor wi write a fair repo about me											
b	This doctor is and trustworth											
6	I am confiden	t about this docto	or's ability to assess r	ne [Yes] No						
7	I would be completely happy to be assessed by this doctor again Yes No											
8	Was this visit t	he first one to th	nis doctor?		Yes] No						
9	9 Please add any other comments you want to make about this doctor. Please note: No clients will be identified when this information is given to the doctor.											
The next questions will provide the doctor with some basic information about who took part in the survey. If you are filling this in on behalf of a child or a person with a disability, please provide details about the client . 10 Are you (or the client): Female Male												
					<u> </u>							
11	Age:	Under 15	<u>15</u> –20	21–40	40–60	60 or ov	er 					
12	What is your e cultural backg	- -	ase choose one secti	on from A to E, and	I then tick the a	ppropriate box to indi	cate your					
A 1	White	B Mixed	C Asian or A	sian British D	Black or Black Brit	ish E Chinese or otl	ner ethnic group					
	British	White and E	Black Indian] Caribbean	Chinese						
	Irish	White and E	Black Pakistar	ii] African	Any othe	r					
	Any other white background	e White and A	Asian 🔲 Banglad	eshi	Any other Bladesbackground	ck						
		Any other N										
Plea	se write in	Please write in	Please write	in Ple	ease write in	Please write in	า					

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