

APPENDIX E - Patient Satisfaction Questionnaire (May 2022)

Please read the following statements concerning your care at the Warfarin clinic. **Circle the number you feel is most appropriate for each statement** – i.e. **1** indicating that you strongly agree, **2** if you agree, **3** if you are uncertain, **4** if you disagree and **5** indicating that you strongly disagree.

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1) I have to wait a long time to be seen in the clinic.	1	2	3	4	5
2) It is easy to contact the staff about my warfarin treatment.	1	2	3	4	5
3) Getting an appointment for the clinic at a convenient time is easy.	1	2	3	4	5
4) The waiting area is comfortable.	1	2	3	4	5
5) It is important to me that I am looked after by the staff who know me at each clinic visit.	1	2	3	4	5
6) The staff listen to me and give me time to discuss my warfarin treatment.	1	2	3	4	5
7) The explanations I receive are not easy to understand.	1	2	3	4	5
8) I would prefer to attend my GP for warfarin checks.	1	2	3	4	5
9) I am happy with the care I receive in the warfarin clinic.	1	2	3	4	5
10) Please use this space to leave any comments you feel about the warfarin clinic.					