**We would like to know what you think about the care you received so we can make sure we are meeting your needs.** All responses will remain confidential and anonymous. The clinic will only see a summary from many patients over time.

If you do not wish to complete the survey, you will still receive the care you need. There are other ways for you to give feedback so please feel free to talk with the clinic staff. This survey is expected to take less than five minutes.

|  |  |
| --- | --- |
| The doctor I saw was: |  |
| Month of visit: |  |

# Did the doctor and clinic staff treat you with courtesy and respect?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Never  | [ ]  Not very often | [ ]  Sometimes | [ ]  Very often | [ ]  Not sure |

# Did you have confidence in the doctor and clinic staff you saw or spoke to?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  No, not at all | [ ]  Yes, to some extent | [ ]  Yes, definitely | [ ]  Not sure |

# How satisfied are you with the way the doctor and clinic staff listened to you during the visit?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] Very dissatisfied | [ ] Dissatisfied | [ ] Neither satisfied nor dissatisfied | [ ] Satisfied | [ ] Very satisfied | [ ] Not sure |

# I felt the doctor and clinic staff work well together to care for me.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] Strongly disagree | [ ] Disagree | [ ] Neither agree not disagree | [ ] Agree | [ ] Strongly agree | [ ] Not sure |

# Overall, how satisfied were you with the care you received?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] Very dissatisfied | [ ] Dissatisfied | [ ] Neither satisfied nor dissatisfied | [ ] Satisfied | [ ] Very satisfied | [ ] Not sure |

# In the last 3 months, did you need to seek care or treatment elsewhere? (please check-off all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Emergency Department[ ]  Urgent Care Centre | [ ]  Admitted to Hospital[ ]  Family Doctor | [ ]  Walk-in Clinic[ ]  Other |

# If you went to the Emergency Department or Urgent Care Centre, what was the reason for your recent visit? (please check-off all that apply)

|  |
| --- |
| [ ]  It was clearly an emergency[ ]  I was told to go to the emergency department by a health professional[ ]  There were no other options available[ ]  I didn’t know if my health condition was an emergency or not, but wanted it checked out[ ]  I didn’t know where else to go[ ]  I use the emergency department for all my health concerns[ ]  I was waiting to see a specialist but my health condition changed[ ]  Other |