

Patient Survey

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 clinic team treat you with courtesy and respect?

- Never
 Not very often
 Sometimes
 Very often
 Not sure

Did you have confidence in the clinic team 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 clinic team listened to you during the visit?

- Very dissatisfied
 Dissatisfied
 Neither satisfied nor dissatisfied
 Satisfied
 Very satisfied
 Not sure

I felt the clinic team worked well together to care for me.

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree
 Not sure

Overall, how satisfied are 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
 Admitted to Hospital
 Walk-in Clinic
 Urgent Care Centre
 Family Doctor
 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

Thank you for your time and feedback.



Consent for Follow-Up 3-Month Patient Survey

Are you willing to be contacted again three months from now?

We are interested in surveying you again three months after your initial visit. This is so we can learn about your ongoing experience of care you received at the clinic.

If you agree for a follow-up survey, please provide your contact information below. You can expect to hear from a staff member from the Specialist Team Care Collaborative three months from now.

First Name	
Last Name	
Email	
Phone	