Patient Survey

In an effort to improve our services we would appreciate you completing our confidential patient survey. Thank you in advance!

Directions: Please darken in the bubbles completely like this: ● … not like this: ✓ ⊗

HOW ARE WE DOING…

		Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Not Applicable
1.	How satisfied are you in making an urgent appointment within 1-2 days at your Dr. Office/Family Health Team?	○	○	○	○	○	○
2.	How satisfied are you in making a non-urgent appointment at your Dr. Office/Family Health Team? (For example- physicals etc.)	○	○	○	○	○	○
3.	How satisfied are you with wait time in the waiting room/exam room prior to meeting a health care provider at your Dr. Office/Family Health Team?	○	○	○	○	○	○
4.	How satisfied are you with your provider being responsive to your cultural and language needs at the Dr. Office/Family Health Team?	○	○	○	○	○	○
5.	How satisfied are you with the types of wellness programs at your Family Health Team? (For example – Diabetes Education, Smoking Cessation, Chronic Disease Self-Management, etc.)	○	○	○	○	○	○
6.	When you visit your doctor or nurse practitioner how often do they, or someone else in the office give you an opportunity to ask questions about recommended treatments?	○	○	○	○	○	○
7.	When you visit your doctor or nurse practitioner how often do they or someone else in the office involve you as much as you want in the decisions about your care and treatment?	○	○	○	○	○	○
8.	When you visit your doctor or nurse practitioner how often do they or someone else spend enough time with you?	○	○	○	○	○	○

9. The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in the clinic?

- ○ Same Day
- ○ Next Day
- ○ 2-19 Days
- ○ 20 or more Days
- ○ Not Applicable

10. In the last 12 months have you gone to the ER or a different clinic because you couldn't get an appointment in the time period you wanted?

- ○ Yes
- ○ No

Please Flip the Page!

ABOUT YOU…

Gender:
- ◯ Female
- ◯ Male

Age:
- ◯ Less than 25
- ◯ 25 to 44
- ◯ 45 to 64
- ◯ 65 and over

Language:
- ◯ English
- ◯ French
- ◯ Bilingual English/French
- ◯ Other

How many years have you been a patient at this Dr. Office/Family Health Team?
- ◯ <1 year
- ◯ 2-5 years
- ◯ 6-10 years
- ◯ >10 years

How many times do you visit this Dr. Office/Family Health Team in a year?
- ◯ <1 time/year
- ◯ 2-5 times/year
- ◯ 6-10 times/year
- ◯ >10 times/year

Thank you from your Family Health Team!

Any concerns we have not addressed in this survey can be written below

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Greenstone Family Health Team