

Misiway Milopemahtesewin Community Health Centre PATIENT EXPERIENCE SURVEY

► A. Are you completing this survey for yourself or for another person?

☒ I am completing this survey for another person (Your answer)

☐ I am completing this survey for myself

► B. If you are completing this survey for someone else, who are you completing it for?

☒ I am completing this for a family member or friend (Your answer)

☐ I am completing this for the patient or client

☐ Other

► Section 1. Contacting Us

► Q1. How was the appointment for your most recent visit made?

☒ I didn't have an appointment – I just dropped-in (Your answer)

☐ I called and set it up

☐ I emailed and set it up

☐ I set it up at my last visit

☐ You called me to set it up

☐ Other

► Q2. Part A: Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following ...?

	Excellent	Very Good	Good	Fair	Poor	Not Applicable (You did not book an appointment)
a. The length of time it took between making your appointment and the visit you just had	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Q2. Part B: Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following ...?

	Excellent	Very Good	Good	Fair	Poor
b. Your overall experience accessing the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Section 2: Arriving and waiting at the Centre

Still thinking about your most recent visit...

► Q3. On a scale of poor to excellent, how would you rate the following ...?

	Excellent	Very Good	Good	Fair	Poor
a. The length of time you had to wait in the reception/ waiting area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your overall experience with our reception staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The length of time you had to wait in the examination room before you spoke with the health care provider about the reason for your visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Section 3: Your Appointment

Still thinking about your most recent visit...

► Q4. Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following ...?

	Excellent	Very Good	Good	Fair	Poor
a. They knew about your medical history	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. They listened to your concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They spoke using a language you could understand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They explained things in a way that was easy to understand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They were sensitive to your needs and preferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. They treated you with dignity and respect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. They gave you clear instructions about what you need to do after your visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your overall experience speaking with the health care provider about the reason for your visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Section 4: Your Overall Experience with your Most Recent Visit

► Q5. Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following...?

	Excellent	Very Good	Good	Fair	Poor
a. The overall cleanliness of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The overall physical comfort of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your confidence in the doctor/ health care provider(s) you saw during the visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your confidence that your health information was treated with the level of privacy you expect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your overall experience with the visit you had with us	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Section 5: Your Experiences Visiting with us over the Last Year or So

The first couple of questions below are similar to ones asked earlier. However, instead of thinking about your most recent visit, we'd like you to think more broadly...about your experiences with us OVER THE LAST YEAR OR SO.

► Q6. The last time you were sick or were concerned you had a health problem...

Yes

No

a. Did you get an appointment on the date you wanted

☒

☐

► b. 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 their office?

☒ Next day (Your answer)

☐ Same day

☐ 2-19 days

☐ 20 or more days

☐ Not applicable (Don't Know / Refused)

► Q7. When you see your doctor or nurse practitioner, how often do they or someone else in the office...?

Always

Often

Sometimes

Rarely

Never

a. Give you an opportunity to ask questions about recommended treatment

☐

☐

☒

☐

☐

b. Involve you as much as you want to be in decisions about your care and treatment

☐

☒

☐

☐

☐

c. Spend enough time with you

☒

☐

☐

☐

☐

► Q8. Over the last year or so...

Yes

No

Did you receive care from a health care provider(s) at a location other than this one?

☒

☐