

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 myself

☐ I am completing this survey for another person

► 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

☐ 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your overall experience with our reception staff	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. They listened to your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They spoke using a language you could understand	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They were sensitive to your needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. They treated you with dignity and respect	<input 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 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 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 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 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 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 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 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	<input type="checkbox"/>	<input type="checkbox"/>

► 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?

- ☐ Same day
- ☐ Next 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Involve you as much as you want to be in decisions about your care and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spend enough time with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► 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?	<input type="checkbox"/>	<input type="checkbox"/>

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

► Q9. Thinking about the health care(s) providers that you have seen at the different places you have received care over the last year or so, how often...?

	Always	Often	Sometimes	Rarely	Never
a. Did each seem to know your medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did each seem to have your recent tests or exam results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were they consistent in what they were telling you about your care and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did they seem to work well together in caring for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

► Q10. On another issue, the last time when you needed medical care in the evening, on a weekend, or on a public holiday...

	Not Applicable	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult
How easy was it to get care without going to the emergency department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

► Section 6: Context/Demographics

► Q11. In general how would you rate your overall health?

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

► Q12. How long have you been visiting us for your health care?

☐ Less than six months

☐ Between six months and a year

☐ Between one and three years

☐ Between three and five years

☐ Longer than five years

► Q13. Using your best guess, how many times did you visit us over the last year or so for your own medical care?

☐ One

☐ Two

☐ Three

☐ Four

☐ Five or more

► Q14. Would you recommend our services to your family or friends?

☐ Definitely no

☐ Probably no

☐ Probably yes

☐ Definitely yes

► If you would like to provide additional feedback, please use the space below:

FEEDBACK (OPTIONAL)

Thinking of your overall experience with our centre, what are ...?

► Two things done particularly well:

No answer given.

► Two things that could be improved?

No answer given.

► Is there any additional information or feedback you would like to share with us that could help us improve the way we provide care?

No answer given.

► Thank you for completing our survey.

► If you would like to enter our contest for x, please click the link below and submit your information of the contest form. Your survey will remain anonymous.

No answer given.