

Fort Frances Family Health Team Patient Experience Survey 2018

You are being invited to take part in this survey because you have recently had a visit with the Fort Frances Family Health Team. It is completely voluntary and will take approximately 5 minutes to complete. All responses are confidential.

1. How would you describe your overall health?

Mark only one oval.

- Poor
- Fair
- Good
- Very Good
- Excellent

2. In the last 12 months, including today, how often have you been in to see the doctor, nurse practitioner or chronic disease team at the Fort Frances Community Clinic?

Mark only one oval.

- 0
- 1-2
- 3-4
- 5+

3. Did you get an appointment on the day you wanted?

Mark only one oval.

- Yes
- No

4. How would you rate your experience with booking an appointment?

Mark only one oval.

- Poor
- Fair
- Good
- Very Good
- Excellent

5. Do you feel it was a reasonable wait between the day you booked the appointment and the appointment date?

Mark only one oval.

- Poor
- Fair
- Good
- Very Good
- Excellent

6. How was your experience with our reception staff?

Mark only one oval.

- Poor
- Fair
- Good
- Very Good
- Excellent

7. 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 their office?

Mark only one oval.

- Same Day
- Next Day
- 2-19 Days: Please specify in the following question
- 20 or more days

8. If you answered 2-19 days in the previous question, exactly how many days did it take?

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9. When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

10. When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

11. When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?

Mark only one oval.

- Never
- Rarely
- Sometimes
- Often
- Always

12. In the last 12 months, how many visits have you had to the Emergency Department for your care instead of your doctor or nurse practitioner?

Mark only one oval.

- 0
- 1
- 2
- 5+
- Not applicable

13. Were there any barriers accessing our services? (ie. hours of service, transportation, parking)

Mark only one oval.

- Yes: please specify in the following question
- No
- Not Applicable

14. If you answered yes in the previous question, what barriers did you encounter accessing our services?

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15. How could we make your experience better?

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16. Thank you for completing this survey. Please enter the date.

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Example: December 15, 2012