

PATIENT EXPERIENCE SURVEY

You are being invited to take part in this survey because you have recently visited the Georgian Nurse Practitioner Led Clinic. Participation in the survey is completely voluntary and all your responses to the survey questions will be kept confidential and anonymous. Your responses will help us improve the care we provide. The survey should take you approximately 5 minutes to complete.

A. When visiting our clinic today your appointment was with? Please check all that apply

- | | |
|--|---|
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Social Worker |
| <input type="radio"/> Registered Nurse | <input type="radio"/> Dietitian |
| <input type="radio"/> Registered Practical Nurse | <input type="radio"/> Collaborating Physician |

Section 1: Accessing the clinic

Thinking about your most recent visit...

Q1	On a scale of poor to excellent, how would you rate the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	Your <u>overall</u> experience accessing the clinic.	<input type="radio"/>				

Q2	When making your <u>current appointment</u> , how many days did it take from when you wanted to see your health provider to when you actually SAW someone in this office?	<input type="radio"/> Same day <input type="radio"/> Next day <input type="radio"/> 3 - 7 days <input type="radio"/> A week or more <input type="radio"/> Not applicable/ not sure on time frame
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Q3	In your opinion was your appointment booked within an acceptable timeframe?	<input type="radio"/> Yes <input type="radio"/> No
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Section 2: Arriving and waiting at the clinic

Still thinking about your most recent visit...

Q4	On a scale of poor to excellent, how would you rate the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	The length of time you had to wait in the reception/ waiting area	<input type="radio"/>				
b.	Your overall experience with our reception staff	<input type="radio"/>				

Section 3: Your appointment

Still thinking about your most recent visit...

Q5	On a scale of poor to excellent, how would you rate the MAIN health care provider you saw during your visit on the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	They knew the reason for your visit and medical history related to this concern.	<input type="radio"/>				
b.	They listened to your concerns and treated you with dignity and respect.	<input type="radio"/>				
c.	They explained things in a way that was easy to understand & gave you clear instructions about what you need to do after your visit	<input type="radio"/>				
d.	Your confidence in the health care provider	<input type="radio"/>				
e.	Your confidence that your health information was treated with the level of privacy you expect	<input type="radio"/>				

Section 4: Your experiences visiting with us over the last year

The next question is similar to questions asked earlier; however, instead of thinking about your most recent visit, we'd like you to think about your experiences with us **OVER THE LAST YEAR OR SO.**

Q6	When you see your nurse practitioner or collaborating physician, how <u>often</u> do they or someone else in the office...?	Never	Rarely	Sometimes	Often	Always
a.	Give you an opportunity to ask questions about recommended treatment	<input type="radio"/>				
b.	Involve you as much as you want to be in decisions about your care and treatment	<input type="radio"/>				
c.	Spend enough time with you	<input type="radio"/>				

Additional Comments:

Thank you for completing our survey.