SCFHT Patient Experience Survey

Please take a few minutes to fill out this survey to help us improve care.
Your answers will be kept confidential. Participation is voluntary.

Question	Options
Primary Care Location:	o SCFHT o Kenora Medical o Keewatin Medical o Docside Clinic
Who did you see today? Name: ___________________________	o Doctor o Nurse Practitioner o Other
How would you describe your overall health?	o Excellent o Very Good o Good o Fair o Poor
How many times did you see your healthcare provider in the last year? SCFHT, Keewatin, Kenora Medical Associates, or Docside Clinics	o 0 o 1-2 o 3-4 o 5+
The last time you were sick, 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?	o Same Day o Next Day o 2-19 days *Please specify:_____* o 20+ days o N/A
Was the wait between the day you booked the appointment and the appointment date reasonable?	o Excellent o Very Good o Good o Fair o Poor o N/A
How was your experience with making an appointment?	o Excellent o Very Good o Good o Fair o Poor o N/A
Were there any barriers accessing services? *(ie hours of service, transportation, parking, accessibility)*	o Yes o No o N/A Describe: ______________________________________
How was your experience with reception staff?	o Excellent o Very Good o Good o Fair o Poor o N/A
When you see your doctor, nurse practitioner, or someone else in the office, how often do they spend enough time with you?	o Always o Often o Sometimes o Rarely o Never o N/A
When you see your doctor, nurse practitioner, or someone else in the office, how often do they give you an opportunity to ask questions about recommended treatment?	o Always o Often o Sometimes o Rarely o Never o N/A
When you see your doctor, nurse practitioner, or someone else in the office, how often do they involve you as much as you want to be in decisions about your care and treatment?	o Always o Often o Sometimes o Rarely o Never o N/A
What could we do differently to involve you more in decisions about your care? ____ ____	
Did you leave feeling empowered about your health care?	o Yes o No o N/A
How many times did you go to the Emergency Department in the last year, instead of your doctor or nurse practitioner?	o 0 o 1 o 2 o 3 o 4 o 5+ o N/A
Did you receive health care from a specialist in the last year?	o Yes o No o N/A
Did you receive health care at other agencies in the last year? Ie. WNHAC, NWHU, CMHA, Physiotherapy, etc.	o Yes o No o N/A
How often was information about your care shared efficiently between relevant providers?	o Always o Sometimes o Never o N/A
How could we make your experience better? ____ ____	

Do you wish to be contacted regarding this survey? o Yes o No

Contact information: ____

This information will be used only to contact you if you have indicated above that you wish to be contacted regarding this survey. This information will not be shared with any healthcare providers and will not influence your quality of care.

Thank you for completing this survey!