Please help us improve our care. Fill the checkboxes completely using a blue or black pen. Your answers are anonymous and confidential.

What type of visit did you have today? *(Please cross one)*

- ◯ Scheduled appointment
- ◯ Walk-in visit
- ◯ Follow-up visit

Other ____

How easy was it to book your appointment? *(Please cross one)*

- ◯ Very difficult
- ◯ Difficult
- ◯ Neutral
- ◯ Easy
- ◯ Very easy

How long did you wait beyond your scheduled time? *(Please cross one)*

- ◯ No wait
- ◯ Under 15 minutes
- ◯ 15 to 30 minutes
- ◯ More than 30 minutes

Please rate your agreement with the following statements.

Please cross one in each line	*Strongly disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly agree*
The provider listened carefully to my concerns	◯	◯	◯	◯	◯
The provider explained things in a way I could understand	◯	◯	◯	◯	◯
Staff were courteous and helpful	◯	◯	◯	◯	◯
I was involved in decisions about my care	◯	◯	◯	◯	◯

How satisfied were you with the following?

To respond ⊗ or ●

DRFT 0001

Please cross one in each line

	Very dissatisfied	*Dissatisfied*	*Neutral*	*Satisfied*	*Very satisfied*
Cleanliness of the facility	○	○	○	○	○
Comfort of the waiting area	○	○	○	○	○
Privacy during your visit	○	○	○	○	○

To respond ⊗ or ●

DRFT 0002

How likely are you to recommend our practice to family or friends?

Not at all likely ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Extremely likely

What could we do to improve your experience?

Your age group *(Please cross one)*

- ○ Under 18
- ○ 18 to 34
- ○ 35 to 54
- ○ 55 to 74
- ○ 75 or older

Thank you for your feedback. Please return this form to the reception desk.

To respond ⊗ *or* ●