

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.

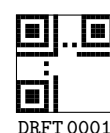
Please cross one in each line

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

<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly agree</i>
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

How satisfied were you with the following?

To respond ☐ or ☐



Please cross one in each line

Cleanliness of the facility
Comfort of the waiting area
Privacy during your visit

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

To respond ☒ or ☐

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?

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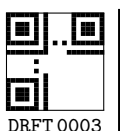
Your age group

(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 ☒



DRFT 0003