



Patient Survey: Quality of Care

Facility Name : **Ajax Clinic**

Bowmanville Clinic

Please rate the following things about your visit to this clinic in terms of whether they were poor, fair, good, very good, or excellent. Please rate each item by choosing the option that best describes your opinion

<i>Please rate each item by choosing the option that best describes your opinion</i>	Poor	Fair	Good	Very Good	Excellent	Not Applicable No Opinion
1. Waiting time: how long you had to wait to get an appointment at this clinic						
2. Waiting time: how long you had to wait in the clinic waiting room for your appointment						
3. Instructions: how well the clinic staff (doctors, receptionists, technologists etc.) told you how to prepare for the test(s) and what to expect both before and/or during the test(s)						
4. Ease of getting information: willingness of clinic staff to answer your questions						
5. Information you were given: how clear and complete the explanations were about any possible risks and complications of the test(s)						
6. Concern and caring by clinic staff: courtesy and respect you were given, friendliness and kindness; how well clinic staff listened to what you had to say; how well the clinic staff understood what you thought was important						
7. Safety and security: the provisions for your safety and the security of your belongings						
8. Privacy: how well your privacy was considered, for example, type of gowns used, privacy while changing clothes						

<i>Please answer the following questions by clicking Yes or No .</i>					YES	NO
10. Were you told to leave the clinic before you felt ready to do so?						
11. Did you have to visit a physician, walk-in clinic, emergency room, urgent care centre or hospital in the days following this service because your health got worse as a result of the service(s) received at the clinic?						
12. Would you recommend the clinic to a friend or family member if they needed services that it provides?						
<i>Please rate this item by circling the number that best describes your opinion</i>					Excellent	Not Applicable No Opinion
	Poor	Fair	Good	Very Good		
13. Overall quality of care: how you evaluate the services you received and the way you were treated						
14. If there were some things you could change about this visit to improve it, what would they be?						

Thank you for completing this survey. Please double check that you have answered all questions and then place the survey in the envelope provided. Your answers will be kept completely confidential.

Thank you again for your help!
