

## Patient Feedback Survey

The purpose of this survey is to find out your thoughts on the care provided by the Lakelands Family Health Team (LFHT).  
 By taking a few minutes to answer our questions, you are helping us to improve the quality of our services.  
*Please read the statements below and circle the response that best describes your experience.*

**All surveys are anonymous and answers are used to improve service.**

<b>Access to Care</b>
1. The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see a healthcare provider to when you actually saw him/her or someone else in their office? <input type="checkbox"/> Same Day <input type="checkbox"/> Next Day <input type="checkbox"/> 2-19 Days (enter # of days _____) <input type="checkbox"/> 20 or more days <input type="checkbox"/> Not applicable
2. How do you rate this wait? <input type="checkbox"/> Very Acceptable <input type="checkbox"/> Acceptable <input type="checkbox"/> Moderately acceptable <input type="checkbox"/> Not Very Acceptable <input type="checkbox"/> Not acceptable at All
3. Were there times when you found it difficult to get health care because you had to take time off work or because of other additional costs (i.e. babysitting, parking, transportation, gas cost)? <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often <input type="checkbox"/> Not applicable
4. How familiar are you with Lakelands FHT's After Hours Clinic? (Tuesdays & Thursdays 5:00 p.m. – 8:00 p.m.) <input type="checkbox"/> I know about it and have used it <input type="checkbox"/> I know about it, but have not used it <input type="checkbox"/> I did not know about it
5. How familiar are you with the Telehealth Ontario phone service? <input type="checkbox"/> I know about it and have used it <input type="checkbox"/> I know about it, but have not used it <input type="checkbox"/> I did not know about it
6. How familiar are you with Lakeland FHT's Website? <input type="checkbox"/> I know about it and have used it <input type="checkbox"/> I know about it, but have not used it <input type="checkbox"/> I did not know about it until this survey <input type="checkbox"/> I did not know about it until today
7. Does staff help you feel confident about your ability to take care of your health? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, to some extent <input type="checkbox"/> No, not really <input type="checkbox"/> No, not at all

<b>Thinking about your most recent visit...</b>
1. How easy was it to get through to someone at the FHT on the phone? <input type="checkbox"/> Very easy <input type="checkbox"/> Fairly easy <input type="checkbox"/> Not very easy <input type="checkbox"/> Not at all easy <input type="checkbox"/> Not applicable
2. How long did you wait for your visit to start? <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 10 minutes <input type="checkbox"/> 11 to 20 minutes <input type="checkbox"/> 21 to 30 minutes <input type="checkbox"/> More than 30 minutes <input type="checkbox"/> There was no set time for my visit
3. How would you rate the length of time you waited to see your health care provider (i.e. in the waiting room and/or the exam room) prior to the appointment? <input type="checkbox"/> Very Acceptable <input type="checkbox"/> Acceptable <input type="checkbox"/> Moderately acceptable <input type="checkbox"/> Not Very Acceptable <input type="checkbox"/> Not acceptable at all

## Your Appointment

4. Today's appointment is scheduled with:

- Family doctor       Nurse Practitioner       Social Worker       Foot care nurse       Bloodwork
- Memory Clinic       Nursing       Visiting Specialist

5. When you see a health care provider, do you feel like they spend enough time with you?

- Always       Often       Sometimes       Rarely       Never

6. Do health care providers seem to know about your whole medical history?

- Hardly at all       A little       Moderately       A lot       Totally

7. Do you have confidence in your health care provider?

- Yes, definitely       Yes, to some extent       Moderately       A little       Hardly at All

8. When you see FHT health care providers, how often do they give you an opportunity to ask questions about recommended treatment?

- Always       Often       Sometimes       Rarely       Never       Not applicable

9. When you see FHT healthcare providers, do they involve you as much as you want to be in decisions about your care and treatment?

- Always       Often       Sometimes       Rarely       Never       Not applicable

10. Do staff help you feel confident about your ability to take care of your health?

- Yes, definitely       Yes, to some extent       No, not really       No, not at all

## GENERAL SATISFACTION

11. Do staff members and health care providers treat you with courtesy and respect?

- Always       Often       Sometimes       Rarely       Never

12. I would recommend the Lakelands Family Health Team to others?

- Yes, definitely       Yes, to some extent       No, not really       No, not at all

## Demographics

In general, how would you rate your overall health?

- Excellent       Very Good       Good       Fair       Poor

Have you experienced difficulty with any of the following in the past year?

- |   |   |
|---|---|
| <input type="checkbox"/> Financial Stability (having enough \$ for basic needs) | <input type="checkbox"/> Literacy (reading/writing) |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Education                  |
| <input type="checkbox"/> Food Security (buying food, getting proper nutrition)  | <input type="checkbox"/> Employment                 |
| <input type="checkbox"/> Child Care   | <input type="checkbox"/> Discrimination             |
| <input type="checkbox"/> Life Skills (Hygiene, Cooking, Cleaning)               | <input type="checkbox"/> Housing                    |
| <input type="checkbox"/> Social Isolation (feeling isolated)                    | <input type="checkbox"/> Other _____                |

**What one thing do you most appreciate at Lakelands Family Health Team?**

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**Are there services not presently available at the clinic or in the community that you would like to see Lakelands Family Health Team provide?**

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**Is there anything else you would like to comment on?**

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