



**Mount Sinai Hospital
Ray D. Wolf Department of Family Medicine
Academic Family Health Team**

Primary Care Patient Experience Survey

The MSH Academic Family Health Team is committed to pursuing excellence and innovation. Using a collaborative and multidisciplinary team approach to patient care, teaching and research, the MSH Academic Health Team bring the best of what family medicine has to offer to our patients.

You are being invited to take part in this survey because you have recently had a visit at the Ray. D Wolfe Department of Family Medicine. Your responses to the questions on this survey will help us improve the care we provide. There are six sections of the survey and it will take approximately 5 minutes to complete.

Participation in the survey is completely voluntary and all your responses to the survey questions will be kept confidential.

A. Are you completing this survey for yourself or for another person?

- I am completing this survey for myself
- I am completing this survey for another person

B. If you are completing this survey for someone else, who are you completing it for?

- I am completing this for a family member or friend
- I am completing this for the patient or client
- Other (*please specify your relationship with the patient, not your name*): _____

Primary Care Patient Experience Survey

Section 1: Contacting Us

Q1. How was the appointment for your most recent visit made?

- I didn't have an appointment – I just dropped-in (**SKIP TO Section 1, Q1.2b**)
- I called and set it up
- I set it up at my last visit
- You called me to set it up
- Other (*please specify*): _____

Q2	Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	The length of time it took between making your appointment and the visit you just had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Your <u>overall</u> experience accessing the office/ clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2: Arriving and waiting at the Office/Clinic

Still thinking about your most recent visit...

Q3	On a scale of poor to excellent, how would you rate the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	The length of time you had to wait in the reception/ waiting area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Your overall experience with our reception staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	The length of time you had to wait in the examination room before you spoke with the health care provider about the reason for your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3: Your Appointment

Still thinking about your most recent visit...

Q4	Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following ...?	Poor	Fair	Good	Very Good	Excellent
a.	They knew about your medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	They listened to your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	They explained things in a way that was easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	They were sensitive to your needs and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	They treated you with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	They gave you clear instructions about what you need to do after your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Your overall experience speaking with the health care provider about the reason for your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	The roles of the other health care providers (nurse, nurse practitioner, social worker, pharmacist, dietitian) on the team have been made clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Your Overall Experience with your Most Recent Visit

Q5	Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the following...?	Poor	Fair	Good	Very Good	Excellent
a.	The overall cleanliness of the office/ clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	The overall physical comfort of the office/ clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Your confidence in the doctor/ health care provider(s) you saw during the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Your confidence that your health information was treated with the level of privacy you expect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Your overall experience with the visit you had with us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5: Your Experiences Visiting with us over the Last Year or So

The first couple of questions below are similar to ones asked earlier. However, instead of thinking about your most recent visit, we'd like you to think more broadly...about your experiences with us OVER THE LAST YEAR OR SO.

Q6	The last time you were sick or were concerned you had a health problem...					
a.	Did you get an appointment on the date you wanted	<input type="radio"/> Yes			<input type="radio"/> No	
b.	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?	<input type="radio"/> Same day <input type="radio"/> Next day <input type="radio"/> 2-19 days (enter # of days: _____) <input type="radio"/> 20 or more days <input type="radio"/> Not applicable (don't know/refused)				
Q7	When you see your doctor or nurse practitioner, how <u>often</u> do they or someone else in the office...?	Never	Rarely	Sometimes	Often	Always
a.	Give you an opportunity to ask questions about recommended treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Involve you as much as you want to be in decisions about your care and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Spend enough time with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8	Over the last year or so...					
a.	Did you receive care from a health care provider(s) at a location other than this practice? If so where? <input type="checkbox"/> Emergency Department <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Walk in clinic <input type="checkbox"/> Specialist <input type="checkbox"/> Other _____	<input type="radio"/> Yes (Go to Q9)		<input type="radio"/> No (SKIP to Q10)		

Q9	Thinking about the health care(s) providers that you have seen at the different places you have received care over the last year or so, how often...?	Never	Rarely	Sometimes	Often	Always
a.	Did each seem to know your medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Did each seem to have your recent tests or exam results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Were they consistent in what they were telling you about your care and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Did they seem to work well together in caring for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10	The last time you needed medical care in the evening, on a weekend, or on a public holiday, how easy was it to get care without going to the emergency department?	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Not applicable
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6: Context/Demographics

Q11	In general how would you rate your overall health?	Poor	Fair	Good	Very Good	Excellent
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12	How long have you been visiting us for your health care?	<input type="radio"/> Less than six months <input type="radio"/> Between six and a year <input type="radio"/> Between one and three years <input type="radio"/> Between three and five years <input type="radio"/> Longer than five years				
Q13.	Using your best guess, how many times did you visit us over the last year or so for your own medical care?	<input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four <input type="radio"/> Five or more				

Q14	Would you recommend our services to your family or friends? Check ONE only.	<input type="radio"/> Definitely no <input type="radio"/> Probably no <input type="radio"/> Probably yes <input type="radio"/> Definitely yes
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**If you would like to provide additional feedback,
please use the space below:**

FEEDBACK (OPTIONAL)

Thinking of your overall experience with our office/clinic, what are ...?

a. Two things done particularly well:

1. _____

2. _____

b. Two things that could be improved?

1. _____

2. _____

Is there any additional information or feedback you would like to share with us that could help us improve the way we provide care?

Thank you for completing our survey.