

## Primary Care Patient Experience Survey

### PARKDALE COMMUNITY HEALTH CENTRE PATIENT EXPERIENCE SURVEY

You are being invited to take part in this survey because you have recently had a visit at Parkdale Community Health Centre. 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 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*): \_\_\_\_\_

**Please return the completed questionnaire to PCHC by February 15th, 2016.**



### 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 QUESTION Q2b**)
- ☐ I called and set it up
- ☐ I emailed 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 centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Section 2: Arriving and waiting at the Centre

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 spoke using a language you could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	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"/>



e.	They were sensitive to your needs and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	They treated you with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	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"/>
h.	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"/>

#### 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 centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	The overall physical comfort of the centre	<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"/>

<b>Q8</b>	<b>Over the last year or so...</b>				
a.	Did you receive care from a health care provider(s) at a location <b>other than this one?</b>	<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	On another issue, the last time when 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?

- ☐ Less than six months
- ☐ Between six and a year
- ☐ Between one and three years



Parkdale  
Community  
Health Centre



- ☐ Between three and five years
- ☐ 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?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

**Q14.** Would you recommend our services to your family or friends? Check **ONE** only.

- ☐ Definitely no
- ☐ Probably no
- ☐ Probably yes
- ☐ Definitely yes

**If you would like to provide additional feedback,  
please use the space below:**

**FEEDBACK (OPTIONAL)**

Thinking of your overall experience with our centre, 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?

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**Thank you for completing our survey.**

## We Ask Because We Care

We are collecting social information from clients to find out who we serve and what unique needs our clients have. We will also use this information to understand client experiences and outcomes.

### Do I have to answer all the questions?

No. The questions are voluntary and you can choose 'prefer not to answer' to any or all questions. This will not affect your care.

### Who will see this information?

This information will be visible only to your health-care team and protected like all your other health information. If used in research, this information will be combined with data from all other clients and no one will be able to identify any of the clients.

<b>1. What language would you feel most comfortable speaking in with your health care provider? Check ONE only</b>				
<input type="checkbox"/> 1. Amharic	<input type="checkbox"/> 9. English	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 33. Urdu
<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 26. Spanish	<input type="checkbox"/> 34. Vietnamese
<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 11. French	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 35. Other
<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 28. Tamil	(please specify):
<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 29. Tigrinya	_____
<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 23. Serbian	<input type="checkbox"/> 31. Twi	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 32. Ukrainian	

**2. Were you born in Canada?**      ☐ 1. Yes      ☐ 2. No      ☐ 98. Do not know      ☐ 99. Prefer not to answer

If **NO**, what year did you arrive in Canada? \_\_\_\_\_

<b>3. Which of the following best describes your racial or ethnic group? Check ONE only</b>	
<input type="checkbox"/> 1. Asian - East (e.g. Chinese, Japanese, Korean)	<input type="checkbox"/> 11. Latin American (e.g. Argentinean, Chilean, Salvadoran)
<input type="checkbox"/> 2. Asian - South (e.g. Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> 12. Métis
<input type="checkbox"/> 3. Asian - South East (e.g. Malaysian, Filipino, Vietnamese)	<input type="checkbox"/> 13. Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
<input type="checkbox"/> 4. Black - African (e.g. Ghanaian, Kenyan, Somali)	<input type="checkbox"/> 14. White - European (e.g. English, Italian, Portuguese, Russian)
<input type="checkbox"/> 5. Black - Caribbean (e.g. Barbadian, Jamaican)	<input type="checkbox"/> 15. White - North American (e.g. Canadian, American)
<input type="checkbox"/> 6. Black - North American (e.g. Canadian, American)	<input type="checkbox"/> 16. Mixed heritage (e.g. Black - African & White - North American) Please specify: _____
<input type="checkbox"/> 7. First Nations	<input type="checkbox"/> 17. Other(s): Please specify: _____
<input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India)	
<input type="checkbox"/> 9. Indigenous/Aboriginal - <i>not included elsewhere</i>	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 10. Inuit	<input type="checkbox"/> 99. Prefer not to answer

<b>4. Do you have any of the following? Check ALL that apply</b>	
<input type="checkbox"/> 1. Chronic Illness	<input type="checkbox"/> 9. None
<input type="checkbox"/> 2. Developmental Disability	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Drug or Alcohol Dependence	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Learning Disability	
<input type="checkbox"/> 5. Mental Illness	
<input type="checkbox"/> 6. Physical Disability	
<input type="checkbox"/> 7. Sensory Disability (i.e. hearing or vision loss)	
<input type="checkbox"/> 8. Other (Please specify): _____	

<b>5. What is your gender? Check ONE only</b>	
<input type="checkbox"/> 1. Female	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Intersex	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Male	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Trans - Female to Male	
<input type="checkbox"/> 5. Trans - Male to Female	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

<b>6. What is your sexual orientation? Check ONE only</b>	
<input type="checkbox"/> 1. Bisexual	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Gay	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Heterosexual	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Lesbian	
<input type="checkbox"/> 5. Queer (a term used by people who do not follow common sexual orientations)	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

<b>7. What was your total family income before taxes last year? Check ONE only</b>	
<input type="checkbox"/> 1. \$0 - \$14,999	<input type="checkbox"/> 6. \$35,000 – \$39,999
<input type="checkbox"/> 2. \$15,000 – \$19,999	<input type="checkbox"/> 7. \$40,000 – \$59,999
<input type="checkbox"/> 3. \$20,000 – \$24,999	<input type="checkbox"/> 8. \$60,000 or more
<input type="checkbox"/> 4. \$25,000 – \$29,999	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 5. \$30,000 – \$34,999	<input type="checkbox"/> 99. Prefer not to answer

<b>8. How many people does this income support?</b>		
_____ person(s)	<input type="checkbox"/> 98. Do not know	<input type="checkbox"/> 99. Prefer not to answer

9) What is your age now?

- ☐ 1-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ 65+
- ☐ Decline to answer

10) Which programs and services have you used in the past year (check all that apply):

**Primary Health Care Programs and Services:**

- ☐ Drop in
- ☐ Physician
- ☐ Nurse Practitioner
- ☐ Nurse
- ☐ Dietitian
- ☐ Chiropodist
- ☐ Physiotherapist
- ☐ Psychiatrist
- ☐ Social Worker
- ☐ Diabetes management
- ☐ Naturopathic clinic
- ☐ Dental
- ☐ Asthma education

**Population Health Programs and Services:**

- ☐ Seniors programming
- ☐ Harm Reduction/Needle Exchange
- ☐ Newcomers programming
- ☐ Homeless outreach basic resources (e.g. food, clothing, TTC)
- ☐ ID Clinic
- ☐ Income Tax Clinic
- ☐ Women's Connection Program
- ☐ 5Ps
- ☐ Other (please specify): \_\_\_\_\_

11) Would you like to receive future surveys and other Centre news via email?

If yes, please provide your email address: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**

**We appreciate your feedback.**