

Patient Survey

For most questions below, you simply need to check the box or boxes that best match your answers. Please answer every question.

1. Your gender:

- Male Female

2. Your age:

_____ Years

3. Compared to other people your age, would you say that your health is *(Please check ONE only)*

- Excellent Good Fair Poor

4. How many times did you see the Nurse Practitioner from this practice for a health-related issue in the past 12 months?

_____ times in the past 12 months

5. Have you accompanied a family member or someone in your care to see the Nurse Practitioner in the past 12 months?

- Yes No

6. Who first suggested you see the Nurse Practitioner?

Please check ONE only

- | | |
|---|--------------------------|
| My doctor | <input type="checkbox"/> |
| I decided to see a Nurse Practitioner myself | <input type="checkbox"/> |
| The receptionist suggested I see the Nurse Practitioner | <input type="checkbox"/> |
| Someone else in this office/clinic suggested I see the Nurse Practitioner (e.g. other health care professional, social worker, dietician) | <input type="checkbox"/> |
| My family or friends recommended I see the Nurse Practitioner | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

7. How did it happen that you saw the Nurse Practitioner today?

*Please check ONE
main reason*

- | | |
|---|--------------------------|
| I wanted to see the Nurse Practitioner and made the appointment | <input type="checkbox"/> |
| The doctor asked me to make this appointment to see the Nurse Practitioner | <input type="checkbox"/> |
| Another health care provider suggested that I make this appointment to see the Nurse Practitioner | <input type="checkbox"/> |
| The receptionist suggested I see the Nurse Practitioner | <input type="checkbox"/> |
| The doctor was not available | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

8. What was the main reason for your visit to the Nurse Practitioner today?

*Please check ONE
main reason*

Reason for visit today

- | | |
|---|--------------------------|
| General information about my health or to ask questions about my health | <input type="checkbox"/> |
| Diet and lifestyle counselling | <input type="checkbox"/> |
| Annual or general check up | <input type="checkbox"/> |
| Care for a minor illness such as a cold or sore throat | <input type="checkbox"/> |
| Monitor an ongoing condition such as diabetes or asthma | <input type="checkbox"/> |
| Arrange to see another health care provider such as a dietician or psychologist | <input type="checkbox"/> |
| Check or renew my prescription medication | <input type="checkbox"/> |
| Pregnancy care | <input type="checkbox"/> |
| Check-up for my baby | <input type="checkbox"/> |
| Specific test such as a Pap test or prostate test | <input type="checkbox"/> |
| Support or counselling | <input type="checkbox"/> |
| Accompany a relative (e.g. a parent or child) | <input type="checkbox"/> |
| Participate in a group activity | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

9. What do you like about seeing the Nurse Practitioner?

Please Check ALL that apply

- | | |
|---|--------------------------|
| The Nurse Practitioner gives support and information about how to look after my health condition or problem | <input type="checkbox"/> |
| The Nurse Practitioner spends time with me to answer my questions or address my concerns | <input type="checkbox"/> |
| The quality of care the Nurse Practitioner provides is excellent | <input type="checkbox"/> |
| I am able to see the Nurse Practitioner quickly when I have a health problem | <input type="checkbox"/> |
| I do not have to travel as far as I did in the past to see a health professional when I have a health problem | <input type="checkbox"/> |
| The Nurse Practitioner makes home visits or provides care in the home | <input type="checkbox"/> |
| The Nurse Practitioner is available after regular office hours (e.g. after 5pm or on weekends) | <input type="checkbox"/> |
| The Nurse Practitioner helps me find out where to get help from other services in the community | <input type="checkbox"/> |
| The Nurse Practitioner is easy to talk to | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

10. Is there anything that you do NOT like about seeing the Nurse Practitioner? Please check ONE box

- There are things I do not like about seeing the nurse practitioner. Please go to Question 11.
- I have no concerns or problems with seeing the nurse practitioner. Please go to Question 12.

11. What do you NOT like about seeing the Nurse Practitioner?

Please check ALL that apply

- | | |
|---|--------------------------|
| I am not clear about the Nurse Practitioner's role | <input type="checkbox"/> |
| I am not clear about the Nurse Practitioner's knowledge, education or training | <input type="checkbox"/> |
| I do not feel that I can choose to see my doctor rather than the Nurse Practitioner | <input type="checkbox"/> |
| I am concerned that my doctor will not be aware of everything about my health and about my concerns | <input type="checkbox"/> |
| Other (specify) _____ | <input type="checkbox"/> |

12. For each statement below, please check the box that best matches your level of satisfaction:				
	1	2	3	4
	Very Satisfied	Somewhat Satisfied	Somewhat dissatisfied	Very Dissatisfied
Care or advice you receive from the Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time the Nurse Practitioner spends with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of the Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting time to get an appointment to see the Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting time to get an appointment to see the Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How the professionals in this centre work together to help with your health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way the nurse practitioner speaks and listens to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Questions

13. What is the highest level of education that you have completed? (Please check ONE only)

- | | |
|--|--|
| <input type="checkbox"/> Less than grade 9 | <input type="checkbox"/> Grade 9 to 13 |
| <input type="checkbox"/> Some trade, vocational or community college | <input type="checkbox"/> Some university |
| <input type="checkbox"/> Diploma or certificate: trade, vocational/community college | <input type="checkbox"/> University degree |

14. What was your total household income before taxes for 2002? (Please check ONE only)

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$ 10,000 | <input type="checkbox"/> \$10,000 to \$ 19,999 | <input type="checkbox"/> \$ 20,000 to \$ 29,999 |
| <input type="checkbox"/> \$ 30,000 to \$ 39,999 | <input type="checkbox"/> \$ 40,000 to \$ 49,999 | <input type="checkbox"/> \$ 50,000 to \$ 59,999 |
| <input type="checkbox"/> \$ 60,000 to \$ 69,999 | <input type="checkbox"/> \$ 70,000 to \$ 79,999 | <input type="checkbox"/> \$ 80,000 to \$ 99,999 |
| <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$125,000 to \$149,999 | <input type="checkbox"/> \$150,000 and over |

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN IT TO THE PERSON WHO GAVE THIS SURVEY TO YOU TODAY BEFORE YOU LEAVE OR SEND IT IN THE STAMPED ADDRESSED ENVELOPE THAT IS ENCLOSED WITHIN ONE WEEK