



Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. All responses will be kept confidential and anonymous.

Please check (✓) one:

Date:.....

Gender: Male Female

Age (in years): under 20 21-35 36-45 46-55 56-65 over 65

Person filling out the survey: Patient Family member Parent Other (specify):.....

Where was the service provided: Moose Factory (WGH) Attawapiskat Fort Albany Moosonee

In which department did you receive the service?

Emergency Department Family Medicine Speciality Clinic

Dental Operating Room In-Patient

Other (Specify):.....

1. *Would you recommend the above department to your friends and family?*

- Yes No

2. *How would you rate the quality of health care you received?*

- Exceptional Very good Good Fair Poor

3. *Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?*

- Yes No

4. *What do you (did you) like best about our care?*

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5. *What do you (did you) like least about our care?*

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6. *Do you have any additional comments or suggestions on any issue that relates to the quality of care provided?*

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