



Weeneebayko  
AREA HEALTH AUTHORITY

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www.waha.ca Email: patient.incidents2@waha.ca

## 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 ☐ Non-Binary ☐ Prefer Not To Say

**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. Did you receive care in a timely manner? ☐ Yes ☐ No

2. How would you rate your satisfaction with the quality of care you received?

☐ Highly Satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied ☐ Highly Dissatisfied ☐ Dissatisfied

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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Please return the survey to: [patient.incidents2@waha.ca](mailto:patient.incidents2@waha.ca)

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