

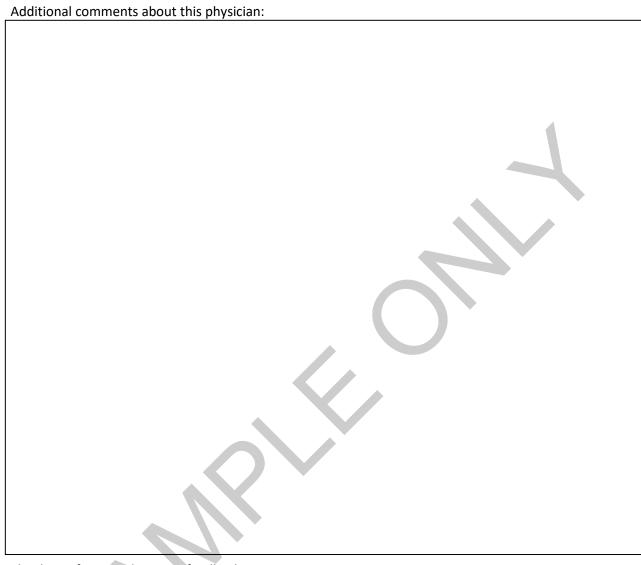
Multi-Source Feedback – Patient Questionnaire

PRA-BC Candidate's Name:	Dr	Dat	te:
Type of Visit: Was this visit videoconference)?	an in-person visit or ☐ In-person	a telemedicine visit (for e	
Patient information			
Gender: ○ Male ○Female Age: ○ 18 or under ○ 19-25	○26-34 ○ 35-44	∩ 45-54 ∩55-64 ∩65	S& over
Today's visit was mainly for: This form is filled out by:	Onew concern Ooi	ngoing concern Oroutin	ne check-up Oother

INSTRUCTIONS: Please indicate the degree to which you agree with each statement about the doctor you saw on this visit. Use "Unable to Assess (U/A)" if any statement does **NOT** apply to you. Your individual responses will remain anonymous and confidential.

This doctor:		Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to Assess
		1	2	3	4	U/A
1.	Treated me with respect.	0	0	0	0	0
2.	Showed interest in my health problems.	0	0	0	0	0
3.	Listened to what I had to say.	0	0	0	0	0
4.	Gave me opportunities to ask questions and answered them.	0	0	0	0	0
5.	Explained things in a way I could understand.	0	0	0	0	0
6.	Discussed treatment plan/options with me and took time to help me come to a decision.	0	0	0	0	0
7.	Explained what was going to be done and why when doing an examination or procedure.	0	0	0	0	0
8.	Respected my privacy and dignity when examining me.	0	0	0	0	0
9.	Advised me of follow-up care (e.g., when to see my doctor or other health care professional next).	0	0	0	0	0
10.	Told me of potential side effects if a medication was prescribed. (If no medication was prescribed, select "Unable to Assess").	0	0	0	0	0
11.	Gave me information about preventive care (e.g., quitting smoking, blood pressure control, weight control, sleeping, alcohol, nutrition and exercise.)	0	0	0	0	0
12.	Overall, I'm satisfied with the doctor I saw today.	0	0	0	0	0





Thank you for providing your feedback.

This questionnaire was adapted from a questionnaire developed with funding from the Medical Council of Canada in a study led by Dr. Jocelyn Lockyer, University of Alberta.