

Multi-Source Feedback – Patient Questionnaire

Physician's Name: Dr. _____ **Date:** _____

Type of Visit: Was this visit an in-person visit or a telemedicine visit (for example, by telephone or videoconference)?
 In-person Telemedicine visit

Patient information

Gender: Male Female

Age: 18 or under 19-25 26-34 35-44 45-54 55-64 65 & over

Today's visit was mainly for: new concern ongoing concern routine check-up other _____

This form is filled out by: you- the patient family member/care giver

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. Responses by all patients will be combined before feedback is given to the physician. This form may be completed by the patient or the patient's family member or caregiver.

Example:

This doctor:		Strongly Disagree	Disagree	Agree	Strongly Agree	Unable to Assess
		1	2	3	4	U/A
1.	Treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Showed interest in my health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Listened to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Gave me opportunities to ask questions and answered them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Explained things in a way I could understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Discussed treatment plan/options with me and took time to help me come to a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Explained what was going to be done and why when doing an examination or procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Respected my privacy and dignity when examining me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Advised me of follow-up care (e.g., when to see my doctor or other health care professional next).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Told me of potential side effects when giving me a prescription for medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Gave me information about preventive care (e.g., quitting smoking, blood pressure control, weight control, sleeping, alcohol, nutrition and exercise.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Overall, I'm satisfied with the doctor I saw today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments about this physician:

SAMPLE ONLY

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.