Please take a few moments to share what your experience is like with us. **Your responses will help us to improve our services**. Your participation is completely voluntary. You will not be asked to provide your name or any other personal information which is protected under the BC Freedom of Information and Protection of Privacy Act.

What is your gender? □ Male □ Female □ Other How old are you?\_\_\_\_\_\_\_\_\_

## How many times have you been to the Health Connections Clinic?

## □ This is my first time □ 2 to 5 times □ More than 5 times

## Who do you see when you come here? (Check all that apply)

□ Physician □ Nurse □ Nurse Practitioner □ Office Assistant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tell us how much you agree or disagree with the following | Not at all | Somewhat | For the most part | Definitely |
| 1. Are staff members welcoming? | □ | □ | □ | □ |
| 2. Did you feel respected? | □ | □ | □ | □ |
| 3. Did you feel included in making decisions about your care? | □ | □ | □ | □ |
| 4. Would you recommend the Health Connections Clinic to a friend or someone else? | □ | □ | □ | □ |
| 5. Overall, how would you rate your experience with the care and services you received? | Poor | Fair | Good | Very Good |
| 6. Overall, how would you rate your health? | Poor | Fair | Good | Very Good |
| 7. Is there anything else you want to share about your experience with the Health Connections Clinic? | | | | |

**Thank you very much for completing this survey!**