

APPENDIX 3:

Polytrauma Clinic Patient Satisfaction Survey

Please share your opinions about the service we provided today in the clinic by answering the following questions:

1) Were the staff members courteous?

Yes_____ No_____

2) Did you receive enough information about your condition and treatment?

Yes_____ No_____

3) If you had important questions to ask, did you get answers you could understand?

Yes_____ No_____ N/A_____

4) Were you involved in decisions about your care as much as you want?

Yes_____ No_____

5) Do you know what the next step in your care will be?

Yes_____ No_____

6) Did you have concerns you wanted to discuss with the provider but did not?

Yes_____ No Concerns_____ (No need to answer question 7, go straight to question 8)

7) If you had concerns but did not discuss them with your provider, was it because:

You were embarrassed_____, You had no time_____ Forgot_____

Provider had no time_____ Provider didn't ask_____ No Privacy_____

Too many interruptions_____; N/A _____

8) Overall, how would you rate the quality of this visit?

Excellent_____ Very good_____ Good_____ Fair_____ Poor_____

Comments:_____
