

## Multi-Source Feedback – Patient Questionnaire

PRA-BC Candidate'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.

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 if a medication was prescribed. (If no medication was prescribed, select "Unable to Assess").	<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.*