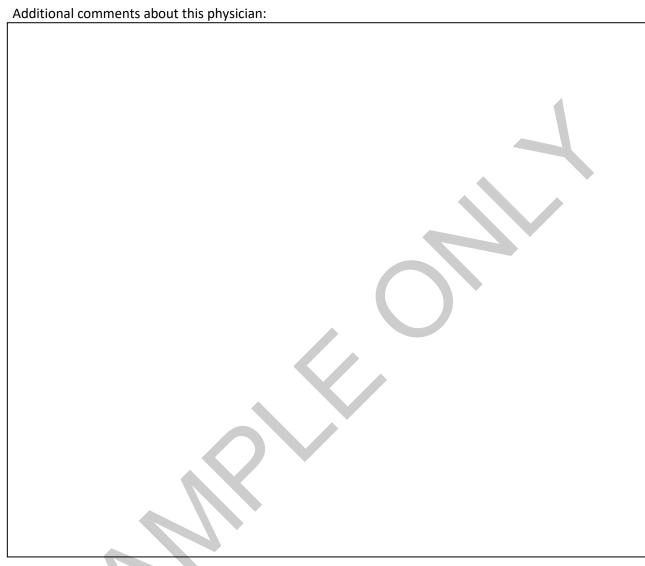


Multi-Source Feedback – Patient Questionnaire

Physician's Name:	Dr	Date:						
Type of Visit: Was thi videoconference)?	s visit an in-person visit or a □ In-person	telemedicine visit (for example, by t ☐ Telemedicine visit	elephone or					
Patient information								
Gender: ○ Male ○ Fe	male							
Age: ○ 18 or under ○	19-25 026-34 0 35-44 (○ 45-54 ○55-64 ○65 & over						
Today's visit was mainly for: Onew concern Oongoing concern Oroutine check-up Oother								
This form is filled out by: O you- the patient O family member/care giver								
		agree with each statement about the	Example:					
doctor you saw on this visit. Use "Unable to Assess (U/A)" if any statement does NOT apply to								
· ·		nd confidential. Responses by all patients	S					
vill be combined before feedback is given to the physician. This form may be completed by the								
patient or the patient's far	mily member or caregiver.							

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 when giving me a prescription for medicine.	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.