# PULMONARY DIAGNOSTICS LABORATORY    PATIENT SATISFACTION SURVEY

Hospital site:     St. Paul's Hospital
                   Mount Saint Joseph Hospital          Date: _____

Thank you for filling out our confidential patient satisfaction questionnaire. Our team looks at the results and we make improvements based on your feedback. Please select your responses and return the survey in the envelope provided.

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|---|---|
| **1.** | When arranging your appointment; **were you given a choice of appointment times?** <br>      Yes <br>      No, but I did not need/want a choice <br>      No, but I would have liked a choice <br>      Don't know/can't remember |
| **2.** | **Before your appointment,** did you know what kind of tests you would be having during the appointment? <br>      Yes, definitely <br>      Yes, to some extent <br>      No |
| **3.** | When compared to the **stated appointment time,** when did the appointment actually start? <br> ☐ Seen on time, or early <br> ☐ Waited up to 15 minutes <br> ☐ Waited 16 to 45 minutes <br> ☐ Waited more than 45 minutes <br> ☐ Don't know/Can't remember |
| **4.** | If you waited, were you told **how long you would have to wait?** <br> ☐ Yes, but the wait was shorter <br> ☐ Yes, and I had to wait as long as I was told <br> ☐ Yes, but the wait was longer <br> ☐ No, I was not told <br> ☐ Don't know/Can't remember/Didn't wait |
| **5.** | Did the respiratory therapist (RT) conducting the test **introduce themselves?** <br> ☐ Yes, the staff member testing me introduced themselves <br> ☐ No, the staff member testing me did not introduce themselves <br> ☐ Don't know /Can't remember |
| **6.** | During this clinic visit, did the *reception staff* **treat you with <u>courtesy</u> and <u>respect</u>?** <br> ☐ No, not at all <br> ☐ Some of the time, but not always <br> ☐ Most of the time <br> ☐ Yes, always |
| **7.** | During this clinic visit, did the *respiratory therapist* **treat you with <u>courtesy</u> and <u>respect</u>?** <br> ☐ No, not at all <br> ☐ Some of the time, but not always <br> ☐ Most of the time <br> ☐ Yes, always |

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| **8.** | Were the instructions you received at the time of booking given to you in a way that **you could understand?**<br>☐ Yes, completely<br>☐ Yes, to some extend<br>☐ No<br>☐ I didn't need an explanation |
| **9.** | Did the respiratory therapist explain the test and how to do it in a way that **you could understand?**<br>☐ Yes, completely<br>☐ Yes, to some extent<br>☐ No<br>☐ I didn't need an explanation |
| **10.** | Were you **given enough privacy** when discussing your condition or treatment?<br>☐ Yes, definitely<br>☐ Yes, to some extent<br>☐ No |
| | **Overall:** (*please pick a number*)<br><br>I had a very negative experience       I had a very good experience<br><br>0   1   2   3   4   5   6   7   8   9   10 |

## WE APPRECIATE YOUR COMMENTS

*Please DO NOT provide personal information such as your name or telephone number in your comments.*

**What is the most important change we could make in the Pulmonary Diagnostics Area?**




**Do you have any additional comments?**




### *Thank you!*