Patient Experience Survey - Summer 2026

Please select your preferred language to complete the survey.

◯ English ◯ Français
◯ □□

Veuillez choisir votre langue préférée pour répondre au sondage.

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Dear Patient,

We want to know about your experience getting care at our clinic over the last year. We are asking you to complete a short survey, which will take about 5 to 10 minutes. Your answers will help us to improve the care we provide.

You are receiving this survey because either you or your family member is a patient with our clinic and have a birthday in November, December, January, February, March, or April. Participation is voluntary and responses are confidential. We do not ask for your name in the survey and your answers cannot be linked back to your chart. Please do not include any identifying personal information within the survey. We are interested in your honest opinion, whether it is negative or positive. Your responses to this survey will not change the care you receive from us. Your responses will also be compared to those of other patients who receive care at a University of Toronto family medicine teaching clinic with the goal of improving quality of care for our patients.

PLEASE NOTE: This survey is for the person in your family who has a birthday in November, December, January, February, March, or April. If this person is someone you are a caregiver for (a child or parent), please respond based on their care experience. If your own birthday is also in November, December, January, February, March, or April, you can choose to respond based on your own care experience.

This is a bi-annual survey sent to patients based on their birth month. Please feel free to complete the survey every time you receive it even if you have completed it before. This is how we measure changes in your experience received at the clinic over time.

Learn more and find summaries of past survey results at Patient Experience Survey | Department of Family & Community Medicine. If you are interested in your clinic's specific results, please ask the clinic staff for a summary.

5%

Progress

Which clinic you are a patient of?	◯ Humber River Health ◯ North York General Hospital ◯ Health for All Family Health Team ◯ Toronto Western Family Health Team ◯ Summerville Family Health Team ◯ Credit Valley Family Health Team ◯ St. Joseph's Health Centre Urban Family Health Team ◯ St. Michael's Hospital Academic Family Health Team ◯ Barrie and Community Family Health Team ◯ Platinum Medical Centre ◯ Southlake Academic Family Health Team ◯ Sunnybrook Academic Family Health Team ◯ South East Toronto Family Health Team ◯ Women's College Hospital Family Practice ◯ Mount Sinai Academic Family Health Team

Section 1 - Getting care from our team

Did you receive care from a doctor or nurse practitioner at our clinic over the last 12 months? This includes care delivered in person, by phone, by video or by email or secure message. (Select one response)	◯ Yes ◯ No

Section 2: Booking your appointment

Please answer the following questions based on your experience with booking your most recent appointment.

How did you book your most recent appointment? Note: Not all of these methods may be available at our practice. (Select one response)	◯ Phone ◯ Email ◯ On-line booking ◯ In-person at the clinic ◯ During my last appointment ◯ Other
When you called our clinic to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment? (Select one response)	◯ No wait at all ◯ Waited, but less than 3 minutes ◯ Waited 3 to 5 minutes ◯ Waited 6 to 10 minutes ◯ Waited more than 10 minutes ◯ I left a message and someone called me back ◯ I left a message and no one called me back ◯ I could not get through to the clinic on the phone
How would you rate your overall experience when booking your last appointment over the phone? (Select one response)	◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor

Why did you rate your last booking experience as [booking_phone_experience]? (Select all that apply)	☐ I waited too long on the phone ☐ I got disconnected ☐ There was no appointment time that worked for me ☐ I was unhappy with how I was treated over the phone ☐ I had to call multiple times ☐ I was unable to leave a message ☐ Other (please specify)
Please specify (DO NOT share any personally identifying information in your answer):	_____
Do you know that we offer on-line appointment booking (through our website)?	◯ Yes ◯ No

30%

Progress

Section 3: Care experience
For the next set of questions, please think about your experience when receiving care from your doctor or nurse practitioner at our clinic during the last 12 months. This includes care delivered in person, by phone, by video or by email or secure message.

How often did you receive care from the doctor or nurse practitioner that you prefer? (Select one response)	◯ I do not have a preferred health care provider ◯ Always ◯ Usually ◯ Sometimes ◯ Rarely ◯ Never
How often did you receive care within a reasonable time? (Select one response)	◯ Always ◯ Usually ◯ Sometimes ◯ Rarely ◯ Never
How often did they involve you as much as you wanted, in decisions about your care and treatment? (Select one response)	◯ Always ◯ Usually ◯ Sometimes ◯ Rarely ◯ Never
How often did they spend enough time with you? (Select one response)	◯ Always ◯ Usually ◯ Sometimes ◯ Rarely ◯ Never
Thinking about your last appointment with a doctor or nurse practitioner, when did it start? (Select one response)	◯ On time ◯ Late ◯ Very late

50%

Progress

Section 4: Getting urgent care
The following questions help us better understand the experience of patients who were sick and wanted to be seen urgently. Please answer the questions below for the time during the last 12 months only.

During the last 12 months, was there a time when you were sick and urgently needed care at our clinic? (Select one response)

- ◯ Yes
- ◯ No

Think about the most recent time you urgently needed care at our clinic. How long did it take from when you first tried to book an appointment at our clinic to when you received care? Care could include an in-person visit, phone visit, video visit, email or secure messaging.(Select one response)

- ◯ On the same day
- ◯ The next day
- ◯ In 2 to 3 days
- ◯ In 4 to 7 days
- ◯ After more than 1 week
- ◯ Never able to get an appointment
- ◯ Not sure

Why couldn't you get care the same or next day? (Select all that apply)

- ☐ I was told there was no availability
- ☐ I was offered an appointment but not with the provider I preferred
- ☐ I was offered an appointment but not at the time I preferred
- ☐ I could not get through to the clinic on the phone
- ☐ There was a delayed response to my email or message
- ☐ It was a weekend
- ☐ I was happy with the appointment date I was given
- ☐ I was told to go to the emergency department
- ☐ Other (please specify)

Please specify (DO NOT share any personally identifying information in your answer):

_____

How would you describe the length of time it took between making the urgent care appointment and receiving care? (Select one response)

- ◯ About right
- ◯ A bit too long
- ◯ Much too long

During the last 12 months, did you need urgent care on an evening or weekend? (Select one response)

- ◯ Yes
- ◯ No

How easy or difficult was it to get urgent care from our clinic on an evening or weekend during the last 12 months? (Select one response)

- ◯ Very easy
- ◯ Somewhat easy
- ◯ Neither easy nor difficult
- ◯ Somewhat difficult
- ◯ Very difficult

Did you attend that after hours or weekend clinic appointment?

- ◯ Yes
- ◯ No

Where did you go to get care?

- ◯ Hospital ER
- ◯ Walk-in clinic
- ◯ Pharmacy
- ◯ Waited until I could see a doctor or NP at my clinic
- ◯ Other

Please explain

Do you know that we offer after hours coverage?

◯ Yes
◯ No

65%

Progress

Section 5: Your recommendations
For the next set of questions, please share your thoughts on how we can improve our clinic.

Overall, how satisfied are you with the care you receive at our clinic? (Select one response)	◯ Very satisfied ◯ Satisfied ◯ Neutral ◯ Dissatisfied ◯ Very dissatisfied
What do you think our clinic could do differently to better meet your health needs? (DO NOT share any personally identifying information in your answer)	_____

75%

Progress

Section 6: Person-Centred Primary Care Measure
These questions help us better understand your access to care, relationship with your doctor, and ability to reach your health goals. When answering the following questions, please think about the doctor or nurse practitioner most responsible for your care.

My practice makes it easy for me to get care.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
My practice is able to provide most of my care.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
In caring for me, my doctor considers all of the factors that affect my health.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
My practice coordinates the care I get from multiple places.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
My doctor or practice knows me as a person.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
My doctor and I have been through a lot together.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
My doctor or practice stands up for me.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
The care I get takes into account knowledge of my family.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
The care I get in this practice is informed by knowledge of my community.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all

Over time, my practice helps me to stay healthy.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all
Over time, this practice helps me to meet my goals.	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all

80%

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Online appointment booking is currently available at our clinic. Have you used this option for booking your appointment in the past 12 months?	◯ Yes ◯ No
We are trying to learn about barriers to using online booking. Please share the reasons why you have not booked an appointment online. (Select all that apply)	☐ I didn't know my Doctor or Nurse Practitioner had online booking options ☐ My provider didn't have any appointments available online ☐ I needed to book an appointment that didn't have any online options (eg. Well Child visits, Diabetes visits, Nursing visit for immunization) ☐ I needed to book a same day urgent visit
Do you feel welcomed and comfortable during your visits at St. Michael's Family Health Team?	◯ Definitely ◯ Mostly ◯ Somewhat ◯ Not at all

Please rank your level of comfort from 1-5 with 1 being uncomfortable or not welcomed and 5 being very comfortable and welcomed (n/a = not experienced to date)

	1	2	3	4	5	n/a
Checking in for your appointment	◯	◯	◯	◯	◯	◯
In your clinic waiting room	◯	◯	◯	◯	◯	◯
Seeing our Nursing team	◯	◯	◯	◯	◯	◯
Seeing our interprofessional team members (social worker, dietitian, physiotherapist, pharmacist, income support worker, etc.)	◯	◯	◯	◯	◯	◯
Seeing your Doctor/Nurse Practitioner/Resident Doctor	◯	◯	◯	◯	◯	◯

What could we do to help make your visit more welcoming and comfortable?

_____

Please identify which site you are a patient of:

◯ Sumac Creek Health Centre
◯ Health Centre at 80 Bond
◯ 61 Queen Family Practice
◯ St. Lawrence Health Centre
◯ Wellesley St. James Town Health Centre

Which site are you a patient at?

◯ Coxwell Site (840 Coxwell Avenue, Suite 105)
◯ Carswell Site (1871 Danforth Avenue)
◯ Health Access Taylor-Massey (The Market Place)

I always feel comfortable and welcome at the clinic.

◯ Yes
◯ No

Please explain.

_____

I always feel comfortable and welcome at the clinic

◯ Yes
◯ No

Please explain

_____

Which clinic location does your family physician practice at?

◯ Downtown Toronto
◯ Vaughan

I always feel comfortable and welcome at Mount Sinai Family Health Team.

◯ Yes
◯ No

Is there anything you'd like to share about how comfortable and welcomed you felt at Mount Sinai Family Health Team?

_____

Thinking about your most recent visit, how would you rate your overall experience at our reception area?	◯ Excellent ◯ Good ◯ Fair ◯ Poor ◯ Very Poor
Who is your Family Physician?	◯ Dr. Leslie Beyers ◯ Dr. Esther Chan ◯ Dr. Anson Cheung ◯ Dr. Jocelyn Charles ◯ Dr. Alison Culbert ◯ Dr. Andrea David ◯ Dr. Sharon Domb ◯ Dr. Debbie Elman ◯ Dr. Karen Fleming ◯ Dr. Liisa Jaakkimainen ◯ Dr. Rahul Jain ◯ Dr. Purti Papneja ◯ Dr. Mira Shuman ◯ Dr. Rachel Walsh ◯ Dr Annie Wang & Dr. Sam Yang ◯ Dr. Anne Wideman ◯ Dr. Sherylan Young
I always feel comfortable and welcome at Credit Valley Family Health Team	◯ Yes ◯ No
Please explain why you don't feel comfortable.	_____
I always feel comfortable and welcome at Summerville Family Health Team.	◯ Yes ◯ No
Please explain why you don't feel comfortable.	_____
Do you feel comfortable and welcome at Health for All Family Health Team clinic?	◯ Yes ◯ No
Why do you not feel comfortable or welcome at the Health for All Family Health Team clinic?	_____
Where is your doctor's/nurse practitioner's office location? (Select one response)	◯ Apple Hills, 1221 Bloor St. ◯ Central Location, 101 Queensway West, 5th Floor ◯ Etobicoke, 190 Sherway Drive ◯ Family Medicine Teaching Unit (FMTU), 101 Queensway West, 7th floor ◯ Harborn, 89 Queensway West, Suite 510 ◯ Summerville Primary Care Clinic, 89 Queensway West, Suite 604

85%

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Are you filling this survey out on behalf of someone else? (Select one response)

◯ Yes
◯ No

95%

Progress

Section 7: About You / Your Family Member
This final section of the survey helps us understand if some groups are experiencing care differently than others. If you're filling out this survey on behalf of someone else, such as a child or parent, please remember to answer these last questions using their demographic information (for example, their age and gender).

How old are you?	◯ 0-5 years old ◯ 6-17 years old ◯ 18-24 years old ◯ 25-34 years old ◯ 35-49 years old ◯ 50-64 years old ◯ 65-79 years old ◯ 80+ years old
What gender do you currently identify with?(Select all that apply) Gender identity is a person's sense of themselves relating to gender, be it male, female, a combination of both, or neither. Gender can be fluid and may change over time.	☐ Gender Fluid ☐ Man / Boy ☐ Non-Binary ☐ Transgender Man / Transgender Boy ☐ Transgender Woman / Transgender Girl ☐ Two-Spirit ☐ Woman / Girl ☐ I don't identify with any of the options provided ☐ Prefer not to answer
What is your highest level of education?	◯ Elementary school or less ◯ Some High school ◯ High School Diploma ◯ College or University Diploma Degree ◯ Graduate or Professional Degree
Do you have trouble making ends meet (money problems) at the end of the month?	◯ Yes ◯ No ◯ I don't know ◯ Prefer not to answer
Were you born in Canada?	◯ Yes ◯ No
Did you arrive in Canada in the last 10 years?	◯ Yes ◯ No
What language would you prefer speaking with your health care provider?	◯ English ◯ French ◯ Other (please specify)
Please specify (DO NOT share any personally identifying information in your answer):	_____

Do you identify as having a disability? The term "disability" covers many conditions of the mind and the body. A disability may have started at birth, after an accident or developed over time. Because of barriers in society, a person with a disability may have trouble being included in some activities or getting some services.	◯ Yes ◯ No ◯ I don't know ◯ Prefer not to answer
What kind of disability do you have? (Select all that apply)	☐ Physical ☐ Sensory (for example, hard of hearing, vision loss) ☐ Cognitive (for example, learning disability, memory loss) ☐ Mental health impairment (for example, depression, ADHD, anxiety) ☐ Other (please specify) ☐ Prefer not to answer
Please specify (DO NOT share any personally identifying information in your answer):	_____
In general, would you say your health is:	◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor
What are the first 4 digits of your postal code?	_____
Who do you usually see when you receive care? (Select one response) If you see more than one professional, choose the one you have seen the most over the last 12 months	◯ Staff doctor ◯ Resident doctor ◯ Nurse Practitioner ◯ Unsure (Resident doctor A medical doctor who has completed medical school and is in a 2-year family medicine residency training program. Residents are always supervised by a staff doctor. Nurse Practitioner A registered nurse with additional training who can order tests, prescribe medications, and prevent, diagnose, and manage new illness and chronic disease.)
If there is anything else that you want to comment on, please feel free to write in the space below (Please do NOT share any personally identifying information in your answer).	_____

Thank you for taking the time to complete this survey.

NOTE: Your personal identification will NOT be connected to your survey responses.

Please click "Submit" to record all your answers.