

PES- Summer 2025

Intro Block

Q0 Dear CLINIC'S NAME Patient,

We want to know about your experience getting care at CLINIC NAME 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 CLINIC NAME 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.

Block 1

Q1 Where do you receive primary care (from a family doctor or nurse practitioner)? **ASK ONLY FOR SUNNYBROOK, SMH & SOUTH EAST TORONTO**

- 1, Humber River Health
- 2, North York General Hospital
- 3, Health for All Family Health Team
- 4, Toronto Western Family Health Team
- 5, Summerville Family Health Team
- 6, Credit Valley Family Health Team
- 7, St. Joseph's Health Centre Urban Family Health Team
- 8, St. Michael's Hospital Academic Family Health Team
- 9, Barrie and Community Family Health Team
- 10, Platinum Medical Centre

- 11, Southlake Academic Family Health Team
- 12, Sunnybrook Academic Family Health Team
- 13, South East Toronto Family Health Team
- 14, Women's College Hospital Family Practice Health Centre
- 15, Mount Sinai Academic Family Health Team

Section 1 – Getting care from our team

Q2. Did you receive care from a doctor or nurse practitioner at [CLINIC NAME] 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 (1)
- ☐ No (2)

Block 2

Section 2: Booking your appointment

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

Q3 How did you book your most recent appointment? Note: Not all of these methods may be available at our practice. (Select one response)

- ☐ Phone (1)
- ☐ Email (2)
- ☐ On-line booking (3)
- ☐ In-person at the clinic (4)
- ☐ During my last appointment (5)
- ☐ Other (6)

Logic: Skip To End of Block unless response to Q3 is Phone

Q4 When you called [CLINIC NAME] 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 (1)
- ☐ Waited, but less than 3 minutes (2)
- ☐ Waited 3 to 5 minutes (3)
- ☐ Waited 6 to 10 minutes (4)
- ☐ Waited more than 10 minutes (5)
- ☐ I left a message and someone called me back (6)
- ☐ I left a message and no one called me back (7)
- ☐ I could not get through to the clinic on the phone (8)

Q5 How would you rate your overall experience when booking your last appointment over the phone? (Select one response)

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

Logic: Display Q6 only if Q5 response is Fair or Poor

Q6 Why did you rate your last booking experience as [fair / poor]? (Select all that apply)

- ☐ I waited too long on the phone (1)
- ☐ I got disconnected (2)
- ☐ There was no appointment time that worked for me (3)
- ☐ I was unhappy with how I was treated over the phone (4)
- ☐ I had to call multiple times (5)
- ☐ I was unable to leave a message (6)
- ☐ Other (please do not share any personally identifying information in your answer): (7) _____

Block 3

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 [CLINIC NAME] **during the last 12 months**. This includes care delivered in person, by phone, by video or by email or secure message.

Q7 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 (1)
- ☐ Always (2)
- ☐ Usually (3)
- ☐ Sometimes (4)
- ☐ Rarely (5)
- ☐ Never (6)

Q8 How often did you receive care within a reasonable time? (Select one response)

- ☐ Always (1)
- ☐ Usually (2)
- ☐ Sometimes (3)
- ☐ Rarely (4)
- ☐ Never (5)

Q9 How often did they involve you as much as you wanted, in decisions about your care and treatment? (Select one response)

- ☐ Always (1)
- ☐ Usually (2)
- ☐ Sometimes (3)
- ☐ Rarely (4)
- ☐ Never (5)

Q10 How often did they spend enough time with you? (Select one response)

- ☐ Always (1)
- ☐ Usually (2)
- ☐ Sometimes (3)
- ☐ Rarely (4)
- ☐ Never (5)

Block 4

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**.

Q11 During the last 12 months, was there a time when you were sick and **urgently** needed care at [CLINIC NAME]? (Select one response)

- ☐ Yes (1)
- ☐ No (2)

Logic: Skip To End of Block If response is No

Q12 Think about the most recent time you **urgently needed care** at [CLINIC NAME]. 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 (1)
- ☐ The next day (2)
- ☐ In 2 to 3 days (3)
- ☐ In 4 to 7 days (4)
- ☐ After more than 1 week (5)
- ☐ Never able to get an appointment (6)
- ☐ Not sure (7)

Logic: Display Q13 if response to Q12 is "In 2 to 3 days" or "In 4 to 7 days" or "After more than 1 week" or "Never able to get an appointment"

Q13 Why couldn't you get care the same or next day? (Select all that apply)

- ☐ I was told there was no availability (1)
- ☐ I was offered an appointment but not with the provider I preferred (2)
- ☐ I was offered an appointment but not at the time I preferred (3)
- ☐ I could not get through to the clinic on the phone (4)
- ☐ There was a delayed response to my email or message (6)
- ☐ It was a weekend (7)
- ☐ I was happy with the appointment date I was given (8)
- ☐ I was told to go to the emergency department (9)
- ☐ Other (please specify & do not share any personally identifying information in your answer): (5) _____

Q14 How would you describe the length of time it took between making the urgent care appointment and receiving care? (Select one response)

- ☐ About right (1)
- ☐ A bit too long (2)
- ☐ Much too long (3)

Q15 During the last 12 months, did you need urgent care on an evening or weekend? (Select one response)

- ☐ Yes (1)
- ☐ No (2)

Logic: Display Q16 if Q15 response is Yes

Q16 How easy or difficult was it to get urgent care from [CLINIC NAME] on an evening or weekend during the last 12 months? (Select one response)

- ☐ Very easy (1)
- ☐ Somewhat easy (2)
- ☐ Neither easy nor difficult (3)
- ☐ Somewhat difficult (4)
- ☐ Very difficult (5)

Block 5

Section 5: Your recommendations

For the next set of questions, please share your thoughts on how we can improve [CLINIC NAME].

Q17 Overall, how satisfied are you with the care you receive at our clinic? (Select one response)

- ☐ Very satisfied (1)
- ☐ Satisfied (2)
- ☐ Neutral (3)
- ☐ Dissatisfied (4)
- ☐ Very dissatisfied (5)

Q18 What do you think our clinic could do differently to better meet your health needs? (please do not share any personally identifying information in your answer)

Block PCPCM

Section 6: Person-Centered 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.

Q19 My practice makes it easy for me to get care.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q20 My practice is able to provide most of my care.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q21 In caring for me, my doctor considers all of the factors that affect my health.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q22 My practice coordinates the care I get from multiple places.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q23 My doctor or practice knows me as a person.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q24 My doctor and I have been through a lot together.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q25 My doctor or practice stands up for me.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q26 The care I get takes into account knowledge of my family.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q27 The care I get in this practice is informed by knowledge of my community.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q28 Over time, this practice helps me to meet my goals.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Q29 Over time, my practice helps me to stay healthy.

- ☐ Definitely (1)
- ☐ Mostly (2)
- ☐ Somewhat (3)
- ☐ Not at all (4)

Block 7a

Q30 Are you filling this survey out on behalf of someone else? (Select one response)

- ☐ Yes (1)
- ☐ No (2)

Display Block 7b if response is Yes

Display Block 7c if response is No

Block 7b - Family

Section 7: About Your Family Member

This final section of the survey helps us understand if some groups are experiencing care differently than others.

Q31 I am filling this survey on behalf of someone who is:

- ☐ 0-5 years old (1)
- ☐ 6-17 years old (2)
- ☐ 18-24 years old (3)
- ☐ 25-34 years old (4)
- ☐ 35-49 years old (5)
- ☐ 50-64 years old (6)
- ☐ 65-79 years old (7)
- ☐ 80+ years old (8)

Q32 What gender do they 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 (1)
- ☐ Man / Boy (2)
- ☐ Non-binary (3)
- ☐ Transgender Man / Transgender Boy (4)
- ☐ Transgender Woman / Transgender Girl (5)
- ☐ Two-Spirit (6)
- ☐ Woman / Girl (7)
- ☐ I don't identify with any of the options provided (8)
- ☐ Prefer not to answer (9)

Q33 What is their highest level of education?

- ☐ Elementary school or less (1)
- ☐ Some High school (2)
- ☐ High School Diploma (3)
- ☐ College or University Diploma Degree (4)
- ☐ Graduate or Professional Degree (5)

Q34 Do they have trouble making ends meet (money problems) at the end of the month?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ Prefer not to answer (4)

Q35 Were they born in Canada?

- ☐ Yes (1)
- ☐ No (2)

Display Q36 if response to Q35 is No

Q36 Did they arrive in Canada in the last 10 years?

- ☐ Yes (1)
- ☐ No (2)

Q37 What language would they prefer speaking with their health care provider?

- ☐ English (1)
- ☐ French (2)
- ☐ Other (please specify & do not share any personally identifying information in your answer): (3) _____

Q38 Do they 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 (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ Prefer not to answer (4)

Display Q39 if response to Q38 is Yes

Q39 What kind of disability do they have? (Select all that apply)

- ☐ Physical (1)
 - ☐ Sensory (for example, hard of hearing, vision loss) (2)
 - ☐ Cognitive (for example, learning disability, memory loss) (3)
 - ☐ Mental health impairment (for example, depression, ADHD, anxiety) (4)
 - ☐ Other (please do not share any personally identifying information in your answer): (5)
-
- ☐ Prefer not to answer (6)

Q40 In general, would you say their health is:

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

Q41 What are the first 4 digits of their postal code?

Q42 Who do they usually see when they receive care?

- ☐ Staff doctor (1)
- ☐ Resident doctor* (2)
- ☐ Nurse practitioner** (3)
- ☐ Unsure (4)

***Resident doctor:** A medical doctor (MD) 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.

Block 7c - Yourself

Section 7: About You

This final section of the survey helps us understand if some groups are experiencing care differently than others.

Q43 How old are you?

- ☐ 0-5 years old (1)
- ☐ 6-17 years old (2)
- ☐ 18-24 years old (3)
- ☐ 25-34 years old (4)
- ☐ 35-49 years old (5)
- ☐ 50-64 years old (6)
- ☐ 65-79 years old (7)
- ☐ 80+ years old (8)

Q44 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 (1)
- ☐ Man / Boy (2)
- ☐ Non-binary (3)
- ☐ Transgender Man / Transgender Boy (4)
- ☐ Transgender Woman / Transgender Girl (5)
- ☐ Two-Spirit (6)
- ☐ Woman / Girl (7)
- ☐ I don't identify with any of the options provided (8)
- ☐ Prefer not to answer (9)

Q45 What is your highest level of education?

- ☐ Elementary school or less (1)
- ☐ Some High school (2)
- ☐ High School Diploma (3)
- ☐ College or University Diploma Degree (4)
- ☐ Graduate or Professional Degree (5)

Q46 Do you have trouble making ends meet (money problems) at the end of the month?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ Prefer not to answer (4)

Q47 Were you born in Canada?

- ☐ Yes (1)
- ☐ No (2)

Display Q48 if response to Q47 is No

Q48 Did you arrive in Canada in the last 10 years?

- ☐ Yes (1)
- ☐ No (2)

Q49 What language would you prefer speaking with your primary care provider?

- ☐ English (1)
- ☐ French (2)
- ☐ Other (please specify & do not share any personally identifying information in your answer): (3) _____

Q50 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 (1)
- ☐ No (2)
- ☐ I don't know (3)
- ☐ Prefer not to answer (4)

Display Q51 if response to Q50 is Yes

Q51 What kind of disability do you have? (Select all that apply)

- ☐ Physical (1)
 - ☐ Sensory (for example, hard of hearing, vision loss) (2)
 - ☐ Cognitive (for example, learning disability, memory loss) (3)
 - ☐ Mental health impairment (for example, depression, ADHD, anxiety) (4)
 - ☐ Other (please do not share any personally identifying information in your answer): (5)
-
- ☐ Prefer not to answer (6)

Q52 In general, would you say your health is:

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)

Q53 What are the first 4 digits of your postal code?

Q54 Who do you usually see when you receive care?

- ☐ Staff doctor (1)
- ☐ Resident doctor* (2)
- ☐ Nurse practitioner** (3)
- ☐ Unsure (4)

*Resident doctor: A medical doctor (MD) 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.

Block 8 - Optional

Q55 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).

Block: End of Survey

Thank you for taking the time to complete this survey.

After clicking the 'SUBMIT' button, you will be redirected to a short external form that you can complete if you'd like to participate in a draw for a chance to win a \$25 Tim Hortons electronic gift card. There, you can provide the email address you'd like us to send the gift card to if you are selected. Participation in the draw is completely optional, and your email address will NOT be linked to your survey responses in any way. We take your privacy seriously, and your email will only be used for the purpose of the draw.

You can find summaries of past survey results at: dfcm.utoronto.ca/measuring-and-improving-patient-experience. Interested in your clinic's specific results, please ask the clinic staff for a summary.

Join our new patient advisory committee by filling out the form at bit.ly/3rnXKLv and learn more at <https://www.dfcmm.utoronto.ca/join-u-ts-family-medicine-patient-advisory-committee>

NOTE: Your personal identification will NOT be connected to your survey responses. Please click "Submit" to record all your answers.