

Dear Valued Patient,

We at the Kensington Screening Clinic (KSC) are committed to providing you, our patient, with an exceptional health care experience from the moment you walk in the door to the moment you leave. We value your input and are extremely interested in learning more about your experience here at KSC. Your feedback is completely voluntary, anonymous and confidential. This survey is available online at our website or directly at bit.ly/KSCSurvey.

Thank you for taking the time to complete the survey. Your feedback will help to ensure that future patients can receive the very best possible health experience.

DATE OF VISIT: _____ NAME OF DOCTOR: _____

Please rate the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree):

	☹					☺		
	1	2	3	4	5	N/A		
1. I am satisfied with the overall quality of care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. I would recommend KSC to a family member or friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. I am satisfied with the booking process for my colonoscopy / gastroscopy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. During my visit, my family and I were kept informed about wait times and delays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. My doctor gave me enough information to understand and provide consent to the rationale and risks of my procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. I received enough information for me to understand...								
... how to prepare myself before my procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
... what to expect during my procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
... the symptoms or health problems to look out for after my procedure and what to do if I experience them including follow up instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. When it came to decisions about my health care, my health care team listened to my preferences and those of my family or caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. On the day of my procedure my doctor took the time to meet with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. The KSC team provided adequate pain and comfort measures before and after my procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. I had trust and confidence in my health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. The nursing and administrative staff were professional and friendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. My health care team respected my privacy and dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13. I found KSC to be a clean and safe environment for me to receive care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14. My health care team respected my cultural values, ability, language, race, religion, accessibility, sexual orientation, and socio-economic status as well as those of my family or caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15. Did you receive deep sedation for your procedure?	<input type="radio"/> Yes						<input type="radio"/> No	
16. How did you hear about us?								
17. Additional Comments:								

If you would like to hear back from us regarding your feedback, please include your name and your phone number

Name: _____ Phone Number: _____

Thank you for taking time to complete this questionnaire. **Please return your completed questionnaire by:**

Email: endoscopy@kensingtonhealth.org

Fax: [416-928-9513](tel:416-928-9513)

Mail: [340 College St., Suite 601, Toronto, ON, M5T 3A9](#)