

How Are We Doing?

Please take a few minutes to fill out this survey on quality of the service you received today. Your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

- In general, what is the quality of your health?
 Outstanding Good Some chronic issues Poor
- How would you rate our concern for your privacy?
 Outstanding - Good Adequate Needs improvement - poor Other
- How often have you visited within the past year?
 First Visit 2-5 Visits More than 6

Day of Your Appointment

- How punctual was your naturopath i.e. how long did you wait for your appointment?
 0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other
- Which department(s) did you visit during your appointment?
Massage Nutrition
Naturopathy Wellness

The Naturopath

- How would you rate the competence of the naturopath?
 Outstanding - Good Adequate Needs improvement - poor Other
- Did you feel that your naturopath spent an adequate amount of time with you?
 Yes No N/A
- Mark the boxes that characterize the demeanor of your naturopath:
 Attentive Concerned Friendly Distracted Rushed Inconsiderate
- Did you feel that your naturopath's examination was thorough?
 Yes No N/A
- Please rate the clarity of the naturopath's explanation of your condition and treatment options:
 Outstanding - Good Adequate Needs improvement - poor Other
- How well did your naturopath include you in healthcare decisions?
 Outstanding - Good Adequate Needs improvement - poor Other
- Were your questions answered to your satisfaction?
 Yes No N/A
- Would you recommend this naturopath to your family and friends?
 Yes No N/A

Additional Feedback Please list any areas in which our service could be improved.