



Sunset Crest, St. James Tel: 246-419-4911

How are we doing and how can we serve you better?

Dear Patient:

Can you please take a few minutes to fill out this survey? **Sandy Crest Medical Centre (Sandy Crest)** welcomes your feedback and your answers will be kept confidential. The information provided will enable us to serve you better in the future. Thank you for your participation.

General Patient Information

Are you?

- Male
- Female

Are you a Barbados?

- Citizen/ Resident
- Non-Resident/ Visitor

How far do you live from Sandy Crest?

- Less than 2 Kilometers (Km)
- 2 – 4 Km
- 4 – 6 Km
- 6 – 8 Km
- 8 – 10 Km
- Greater than 10 Km

How old are you?

- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- Over 70

How did you hear about Sandy Crest?

- Seen the sign
- Friend
- Another patient
- Internet
- News paper/ TV
- Referred by a doctor
- Other _____

Do you have health insurance?

- Yes
- No

Month(s) Visited Sandy Crest:

How often have you visited Sandy Crest?

- One/ First Visit
- 2-3 Visits
- 4 Visits or More

Why did you visit Sandy Crest?

- Injury or Accident
- Respiratory/ Chest/ Ear/ Throat/ Sinus
- Skin – e.g. rash/ sunburn/ insect bites
- Pain – e.g. back/ headache/ chest/ abdominal

- Stroke/ Heart Attack/ Heart
- Stomach – e.g. Vomiting/ Diarrhea/ Ulcers
- Diabetes/ High Blood Pressure/ Chronic Illness
- Circulation – e.g. DVT/ leg ulcers
- Other _____

General Reception on the Day Of Your Visit

Please rate courtesy of staff at the reception desk?

- Very Courteous
- Courteous
- Warm & Friendly
- Aloof
- Rude

Please rate the comfort/ cleanliness of reception area?

- Very satisfied
- Somewhat Satisfied
- Undecided
- Somewhat Dissatisfied
- Very Dissatisfied

How long did you wait in the reception area?

- Less than 20 minutes
- 21 to 40 minutes
- More than 40 minutes

In your opinion, was the waiting time:

- Too long
- Reasonable
- Short

Wait in exam room before the physician appeared?

- Less than 20 minutes
- 21 to 40 minutes
- More than 40 minutes

Were you kept up-to-date by the staff regarding your wait?

- Yes
- No
- Not Applicable

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.

The Nursing Staff

Rate the competence of the nurse who helped you?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor

Did your Nurse explain the Triage process to you (i.e. the order in which each patient is seen depends on the severity of their respective condition)?

Characterize the friendliness of the nurse?

- Courteous
- Warm & Friendly
- Aloof
- Rude

- Yes
- No

The Doctor

Did you feel that your Doctor spent an adequate amount of time with you?

- Yes
- No

Did you feel that your Doctor's examination was thorough?

- Yes
- No

Mark the boxes that characterize the demeanor of your doctor:

- Attentive
- Concerned
- Friendly
- Distracted
- Rushed
- Inconsiderate

How would you rate the competence of your doctor?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor

Please rate the clarity of the doctor's explanation of your condition and treatment options:

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor

How well did your doctor include you in your healthcare decisions?

- Outstanding
- Good
- Adequate
- Needs Improvement
- Poor

- Yes
- No

Were your questions answered to your satisfaction?

Follow Up

Was any procedures performed on you when you attended Sandy Crest – e.g. dressing, stitching, casting, ECG, blood taking, etc.

- Yes
- No

What did you think about how much you had to pay for services (excluding x-rays and medicines) that you received – was it:

- Less than you expected
- Just right
- Too Expensive

Would you recommend Sandy Crest and its staff to your family and friends?

- Yes
- No

Of these specialties which would you like to see available at Sandy Crest (**Choose a maximum of three**):

- | | |
|---|---|
| <input type="checkbox"/> General Practice/
Family Medicine | <input type="checkbox"/> Hematology/ Cancer
Care |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Dermatology/ Botox |
| <input type="checkbox"/> OBGYN | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Respiratory/ Allergy/
Asthma | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Endocrinology/
Diabetes | <input type="checkbox"/> Other: _____
_____ |

Additional Comments/ Name & Address (Optional):

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.