



## Physician Satisfaction Survey

Which facility are you assessing (Circle):      LONDON      KITCHENER      CAMBRIDGE

Please answer the following questions regarding your experience with the Sleep and Snoring Institute by filling in the blank or circling the number that best describes your answer:

1. How long have you referred patients to this facility? \_\_\_\_\_ years or \_\_\_\_\_ months
2. How satisfied are you with how long it generally takes: (Please rate each item by circling the number that best describes your opinion)

	Not Applicable	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
To get an appointment for a patient at the London Sleep and Snoring Institute?		1	2	3	4	5
To obtain written results (a written consultation) from this facility, once your patient has been seen?		1	2	3	4	5
To get an oral report from the London Sleep and Snoring Institute when it is required because of an urgent or emergency situation, once your patient is seen?		1	2	3	4	5

3. How often do you speak to a physician at the Sleep and Snoring Institute regarding the patients clinical condition before your patient receives a diagnostic work-up? (circle one of the below):  
Never      Rarely      Occasionally      Sometimes      Often      Almost all the time
4. Approximately how many patients have you referred to the Sleep and Snoring Institute in the past 6 months? \_\_\_\_\_ (number of patients referred)
5. Do you refer your patient to more than one sleep medicine clinic?  
No (if you circled no, please skip to question number 7)      Yes
6. What are the reasons you refer patients to the Sleep and Snoring Institute in particular? (Please circle all that apply)



- a. Nearer to patients home
- b. Has specialized equipment needed for test requested
- c. Turnaround time to receive results is shorter
- d. Has staff that speak other languages, and thus can better understand my patients
- e. Is able to quickly see patients when feedback is urgently required
- f. Has convenient hours of operation
- g. Quality of the service provided
- h. Other, please describe: \_\_\_\_\_ (Please skip to question number 8)

7. What are the reasons you refer patients only to this facility? (circle all that apply)

- a. Has different locations for patient convenience
- b. Has specialized equipment needed for test requested
- c. Turnaround time to receive results is shorter
- d. Has staff that speak other languages, and thus can better understand my patients
- e. Is able to quickly see patients when feedback is urgently required
- f. Has convenient hours of operation
- g. Quality of the service provided
- h. Only facility of its type in this community
- i. Our group has a service contract with this facility
- j. Facility is located near this practice and is thus convenient for patients
- k. Other, please describe: \_\_\_\_\_

8. Please rate each item by circling the number that best describes your experience with the Sleep and Snoring Institute based on your contact in the last 6 months:

	Never	Seldom	Sometimes	Frequently	Usually
The waiting period for a test to be done is long.	1	2	3	4	5
Request for consultation are handled promptly.	1	2	3	4	5
The facility accommodates patients when the test is urgently required.	1	2	3	4	5
The interpreting physician is available to you for consultation.	1	2	3	4	5
The London Sleep and Snoring Institute meets the needs of my patients whose first language is other than English and French	1	2	3	4	5
The recommendations received are useful in patient's management.	1	2	3	4	5



The recommendations are clearly stated.	1	2	3	4	5
The reports received are too wordy.	1	2	3	4	5
Reports of results are send out in a timely fashion.	1	2	3	4	5
The consulting physician orders tests in addition to those you requested.	1	2	3	4	5
When tests are added the resulting recommendations add information important to patient care.	1	2	3	4	5
The interpreting physician's findings are generally consistent with your clinical findings.	1	2	3	4	5

9. Have you been dissatisfied with a consult you received from the Sleep and Snoring Institute in the last 6 months? ( circle one)      NO                              YES

If yes, please explain: \_\_\_\_\_

10. Overall, how satisfied are you with the contacts you have had with the Sleep and Snoring Institute in the past 6 months?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

**Thank you for participating in this survey!**

**Please return this survey by fax or email to the location being assessed.**

**A pdf version of this survey is available to complete at [www.sleepsnore.ca](http://www.sleepsnore.ca), if more convenient for you.**