



Your
opinion matters



SATISFACTION SURVEY

OPMEDIC



OPMEDIC

Satisfaction survey



Please check the appropriate box which best corresponds to your level of satisfaction (only one box per question).

Opmedic
Laval
South Shore

Male Female Age

Very satisfied **Satisfied** **Mildly satisfied** **Not satisfied** **Not applicable**

	Very satisfied	Satisfied	Mildly satisfied	Not satisfied	Not applicable
TELEPHONE COMMUNICATION					
Response time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionist greetings (verbal skills, politeness, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the information received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ON SITE					
Ease of access to facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENT					
Signaling for access to the various services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambient sound level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambient temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NURSING CARE					
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of response to your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up and call return from nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DURING YOUR STAY					
In the operating room or endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-operative instructions supplied following a medical examination and/or surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of information received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of response to your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation of the caregiving staff identity and function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving staff availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical staff availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care received from nursing personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care received from medical personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality of your health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of assistance in case of reduced mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of security regarding to the care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of language preference (English, French)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of your cultural values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this page to the receptionist.

Continued on back

Satisfaction survey

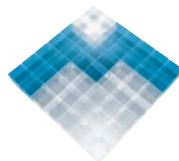
Please check the appropriate box which best corresponds to your level of satisfaction (only one box per question).

Very satisfied **Satisfied** **Mildly satisfied** **Not satisfied** **Not applicable**

		Very satisfied	Satisfied	Mildly satisfied	Not satisfied	Not applicable
SURGERY, MEDICAL EXAMINATION						
	Quality of medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Efficiency of health services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN CONTROL						
	Rapidity of treatment received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Treatment efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quality of the diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quality of the information received in case of intravenous medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YOUR DEPARTURE						
	Quality of discharge instructions received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you been contacted the day after your surgery?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>
	Have you been informed about the availability of emergency services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>
	Did you use the emergency service?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>
FIDELITY						
	Would you use our services again?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>
	Would you recommend our services to your friends and family?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>

COMMENTS

Thank you for your participation!



OPMEDIC





We
listen
to you!

OPMEDIC Group appreciates your feedback on the medical services you received in one of our centers. It will take about 5 minutes to complete this survey.

The information provided will remain strictly confidential and is intended to reach our goal of *TOTAL QUALITY of our services*. Therefore, it is important to complete and return this survey as soon as possible.

Thank you for your participation in this study, which is part of our commitment to offer you first-class care in a pleasant environment.

The OPMEDIC Group team



PROCREA Cliniques

- Fertility
- Genetic Testing
- Cytogenetics
- Women's Health
- Prenatal
- Men's Health

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OPMEDIC

- Cosmetic and Plastic Surgery
- General Surgery
- Endoscopy
- Gynecology
- Plasty
- ORL

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