

**Patient Survey**

Your feedback is appreciated as we are striving to improve the delivery of fertility care in the interior of British Columbia. Thank you for taking the time to answer the questions below.

Is this your first treatment cycle?  Yes  No  
Have you done previous fertility treatments at the clinic?  Yes  No

Were you able to schedule an appointment that was convenient for you?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were all members of the team friendly and attentive?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that throughout your care you had enough time to ask questions and receive comprehensive answers?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, how would you rate your experience?  Excellent  
Please explain:  Very good  
\_\_\_\_\_  
 Good  
\_\_\_\_\_  
 Fair  
\_\_\_\_\_  
 Poor  
\_\_\_\_\_

