




Saskatchewan Pelvic Floor Pathway

ONE YEAR PATIENT SATISFACTION SURVEY

To our patient: We are interested in your feedback about the care provided at the Pelvic Floor Pathway Clinic. Please take a few minutes to complete this survey and return it to us.

On a scale of 1 to 5 (1 = Not at all satisfied, and 5 = Very satisfied)	Not at all satisfied 	Not very satisfied	Neutral 	Somewhat satisfied	Very satisfied 
1. How do you feel about the time you had to wait for care in the pathway?	1	2	3	4	5
Comments:					
2. Overall, how satisfied are you with the care, advice and support you received in the Pelvic Floor Pathway?	1	2	3	4	5
Comments:					
3. How satisfied are you with the improvement in your incontinence or prolapse?	1	2	3	4	5
Comments:					
4. What treatments did you attempt during the past year? <input type="checkbox"/> Selfcare <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Medications <input type="checkbox"/> Pessary <input type="checkbox"/> Surgery					

Your name: _____ Date: _____

Thank you for your comments! (Please use the back of the form if you have more to say.)