# ***Memory Clinic Satisfaction Survey***

Alzheimer Society
DURHAM REGION

**PLEASE CIRCLE YOU ANSWERS**

Are you… ...a Memory Clinic Patient? ☐ ...the caregiver of the Memory Clinic patient? ☐

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|---|---|---|---|---|---|
| I did not have to wait long to get my first appointment | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| My concerns and questions were adequately addressed | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I was satisfied with the amount of time the Memory Clinic team spent with me today | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I have a better understanding about the symptoms/conditions as a result of my visit and know where to go to get help I need | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The memory clinic team was helpful and friendly and treated me with respect | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The visit to the Memory Clinic was a valuable addition to the regular care provided by my family doctor | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Overall, how satisfied are you with your visit to the clinic? | Extremely Satisfied | Satisfied | Neither Satisfied Nor Dissatisfied | Dissatisfied | Extremely Dissatisfied |
| I would recommend this clinic to others who have similar concerns | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

Do you have any other comments, questions, or concerns you would like to make about your visit?

***** Survey Monkey Link: https://www.surveymonkey.com/r/BTV3WZZ**

Note: Thank you for taking the time to complete this survey. You do not need to put your name on this survey. Your answers to this survey will be confidential.