





Provider and Staff Experience Survey Tool

Workbook Reference: [Section 1.5](#)

We want your feedback! Please put a ✓ in the box that best describes what you think about your experience over the last week or month.

	Most of the time 	Some of the time 	Infrequently 	Rarely/never 	Does not apply – I was not present.
"I start and end my day on time"					

Comments:

Adapted from the *Office Practice Redesign in Primary Health Care: Advanced Access and Office Efficiency Workbook* created by British Columbia's General Practice Services Committee Practice Support Program.