→ Completion and return of this form means you agree to be part of this study. Please answer the questions based upon the appointment date identified below. → You can complete this survey at any time; however, we are most interested in your feedback one week after your visit. → If you can, please complete this form online at: www.wchri.ca/safety or scan this QR: Neither Very Somewhat satisfied nor Somewhat Very Mark ONLY ONE checkbox on each line dissatisfied satisfied satisfied dissatisfied dissatisfied 1) How satisfied are you with the information you have been given П П П П from your provider? 2) How satisfied are you with the П П П П treatment(s) that you received? 3) How satisfied are you with the П overall care that you received? If you are consenting on behalf of a minor, the terms 'you' and 'your' should be read as your 'son / daughter'. 4) Are you responding for: Yourself Son / Daughter 5) How would you rate your pain at this moment? Worst No imaginable pain pain □ 3 **1**4 □ 5 □6 □7 0 10 6) During your appointment, did you receive manual therapy (also called manipulation, mobilization or adjustment; defined as 'A hands-on therapy to affect joints in the neck, back or limbs; sometimes hand-held mechanical devices are also used.')? No, please seal in provided envelope and place in mail Yes, please mark all areas where you received a manual therapy: Arms/Legs Back Other: Overall, What was its effect? Favorable Unfavorable ☐ None ☐ Unsure Did you have any problems/side effects as a result within a week of your treatment? Yes, please complete page 2 (on reverse) No, please seal in provided envelope and place in mail POST Patient Comment Form Appointment Date: / / 201 Visit Code SafetyNET © EPICORE Centre 2012

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19 November 2013

Thank you for your support in this study, your feedback is extremely valuable.