

Confidential Patient Survey

1. Was the reason you came to the clinic today due to upper respiratory symptoms?
(Symptoms such as: such as a cough, fever, sore throat, runny nose, difficulty breathing, headache, fatigue etc.)

Yes No

2. Did your health care provider conduct a Point of Care Test (rapid test) to determine which infection may be causing your symptoms?

Yes No

3. Was your health care provider able to tell you if you tested positive or negative for any of the following viruses? (SARS-CoV-2, FLU A or B, STREP A or RSV)

Yes No

4. How important was it to you that your health care provider could give you an answer on the spot regarding the symptoms you are experiencing?

Very Important Somewhat Important Not Important

5. How convenient was it for you to have a Point of Care Test (rapid test) at your doctor's office today?

Very Convenient Somewhat Convenient Not Convenient

6. Do you feel more confident in your ability to manage your symptoms because your health care provider was able to give you a diagnosis on the spot today?

Yes No

If yes, please explain why _____

7. Would you like your health care provider to continue to offer Point of Care Testing in the future?

Yes No