

Patient Satisfaction Survey

Please Rate how well you think we are doing in the following areas based on your last visit with the Lincoln Health Care for the Homeless Clinic

Today's Date:

| | Great | Good | OK | Fair | Poor |
|--|-------|------|----|------|------|
| It was easy to get in to see the provider: | 5 | 4 | 3 | 2 | 1 |
| I received prompt return on calls: | 5 | 4 | 3 | 2 | 1 |
| My wait time in the exam room was: | 5 | 4 | 3 | 2 | 1 |
| | | | | | |
| The nurse was friendly and helpful to me: | 5 | 4 | 3 | 2 | 1 |
| The provider listened to me: | 5 | 4 | 3 | 2 | 1 |
| The provider seemed knowledgeable: | 5 | 4 | 3 | 2 | 1 |
| I understood what I was told about my health: | 5 | 4 | 3 | 2 | 1 |
| | | | | | |
| The clinic was neat and clean: | 5 | 4 | 3 | 2 | 1 |
| I felt comfortable and safe while I waited: | 5 | 4 | 3 | 2 | 1 |
| Other staff in the clinic were helpful and professional: | 5 | 4 | 3 | 2 | 1 |

What do you like least about your visit to our clinic?

What do like best about your visit to our clinic?

Thank you!