H.O.A.P

Patient Satisfaction Survey

Behavioral Health Services

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____

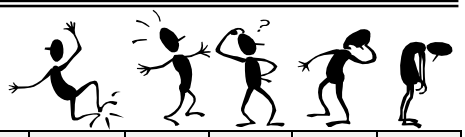
Your Sex:

Male ____

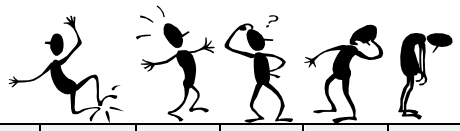
Female ____

Your Race/Ethnicity:

___ Asian
___ Pacific Islander
___ Black/African American
___ American Indian/Alaska Native
___ White (Not Hispanic or Latino)
___ Hispanic or Latino (All Races)
___ Unknown



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours the Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Staff:					
Provider: **Behavioral Health**					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Administrative assistant:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort	5	4	3	2	1
Do you feel Safe	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this center your regular source of care?	**Yes ____**		**No ____**		

What do you like best about our center? _____

_____

_____

What do you like least about our Center? _____

_____

_____

Suggestions for improvement? _____

_____

_____

Thank you for completing our Survey!