

H.O.A.P

Patient Satisfaction Survey

Case Management

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 Race/Ethnicity: _____ Asian

Your Sex:

Male _____

Female _____

_____ Pacific Islander

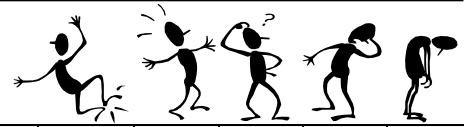
_____ Black/African American

_____ American Indian/Alaska Native

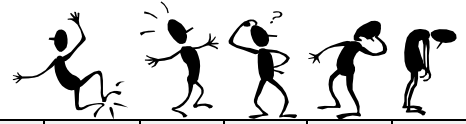
_____ White (Not Hispanic or Latino)

_____ Hispanic or Latino (All Races)

_____ Unknown



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours 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:					
<i>Provider: Case Manager</i>					
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	GOOD	OK	FAIR	POOR
	5	4	3	2	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
Safety	5	4	3	2	1
Privacy					
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!

