

XXXXXXXX Patient Satisfaction Survey

Today's Date: _____

By taking this survey you help to improve clinic services. Please answer honestly. Your answers are confidential.

Age: _____ Gender: Male / Female / Transgendered

Race: circle one or more

Black / White / Asian American / Indian-Alaskan Native / Native Hawaiian / Other Pacific Islander / Rather not say

Are you Hispanic or Latino: Y / N

Did you have an appointment today or did you walk-in: Appointment / Walk-in

If you had an appointment, what time was the appointment: _____

How long did you wait to see the doctor this visit or at your last visit: _____

Please circle the answer that best fits your experience:

How well does staff help you schedule an appointment? Great Good Fair Poor

How easy is it for you to reach the clinic by phone? Great Good Fair Poor

Is the waiting room comfortable? Great Good Fair Poor

Are the exam rooms comfortable? Great Good Fair Poor

Do you generally find the clinic area clean? Great Good Fair Poor

Please circle the name of the doctor you see most often:

Dr. XXXXX / Dr. XXXXX / Dr. XXXXX / Dr. XXXXX / Dr. XXXXX / Dr. XXXXX / Dr. XXXXX

Please answer the following questions for the Doctor you see most often:

How well do you feel the doctor listens to you? Great Good Fair Poor Doesn't apply

Is the doctor friendly and helpful? Great Good Fair Poor Doesn't apply

Does the doctor spend enough time with you? Great Good Fair Poor Doesn't apply

Are your questions adequately answered? Great Good Fair Poor Doesn't apply

Does your doctor make sure you have understood him/her? Great Good Fair Poor Doesn't apply

How would you rate the advice/treatment you receive? Great Good Fair Poor Doesn't apply

Please answer the questions on the other side of this sheet

Do you find that the following staff members are helpful and friendly?					
Front Desk	Great	Good	Fair	Poor	Doesn't apply
Medical assistants	Great	Good	Fair	Poor	Doesn't apply
Nurse	Great	Good	Fair	Poor	Doesn't apply
Doctor	Great	Good	Fair	Poor	Doesn't apply
Behavioral Health Counselors	Great	Good	Fair	Poor	Doesn't apply
Care/Referral Coordinators	Great	Good	Fair	Poor	Doesn't apply
New Patient Intake	Great	Good	Fair	Poor	Doesn't apply

Please circle your answer about your care in general:			
Did anyone talk to you about your medications today?	Yes	No	Doesn't apply
Do you have any difficulty getting your medications?	Yes	No	Doesn't apply
Did anyone talk to you about a plan or goals for your health today?	Yes	No	Doesn't apply
Did anyone help you find any services that are not provided at the clinic?	Yes	No	Doesn't apply
Do you think we help you lead a healthier life?	Yes	No	Doesn't apply

What do you like about the clinic and the services?

What do you dislike about the clinic and the services?

How do you think we can improve?