

# Please tell us how we are doing

Office Use Only (M1)

## MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ⊙

Site Location				Provider			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

**To Our Patients:** We want to know how you feel about the care you get at our health center. Please take a few minutes to complete this survey and then return it to us. Let us know your feelings about today's visit and any recent visits. Safe and effective care is our goal. Your answers are important to us.

## About Patient

Patient's age  0-12  13-19  20-29  30-39  40-49  50-64  65+

Patient's gender  Male  Female  Do not identify as male or female

Do you consider yourself Hispanic or Latino?  Yes, Hispanic or Latino  No, not Hispanic or Latino

Patient's race (select all that apply)

- Asian  Black/African American  White  
 Native Hawaiian  Other Pacific Islander  American Indian/Alaskan Native

	Very Good	Good	Fair	Poor
How would you rate your general health?	4	3	2	1

## Ease of Getting Care

	Very Good	Good	Fair	Poor	Not Applicable
Able to get appointment for checkups (yearly exams, well-visits, regular follow-up visits)	4	3	2	1	

Able to make same-day appointment when sick or hurt	4	3	2	1	NA
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Health center hours work for me	4	3	2	1	
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Phone calls get through easily	4	3	2	1	
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I get called back quickly	4	3	2	1	NA
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Able to get medical advice when the office is closed	4	3	2	1	NA
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Length of time waiting at the clinic	4	3	2	1	
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## Facility

	Very Good	Good	Fair	Poor	Not Applicable
Easy to find clinic	4	3	2	1	

Lobby and waiting room were comfortable and clean	4	3	2	1	
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Exam room was comfortable and clean	4	3	2	1	
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Handicap accessibility	4	3	2	1	NA
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## Front Desk

	Very Good	Good	Fair	Poor
Friendly and helpful to you	4	3	2	1

## Nurses and Medical Assistants

	Very Good	Good	Fair	Poor
Listens to you	4	3	2	1

Friendly and helpful to you	4	3	2	1
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Answers your questions	4	3	2	1
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Please see questions on other side

Provider(s) (the person who took care of you)	Very Good	Good	Fair	Poor
Listens to you	4	3	2	1
Spends enough time with you	4	3	2	1
Answers your questions	4	3	2	1
Friendly and helpful to you	4	3	2	1
Gives you information you can understand	4	3	2	1
Considers your personal or family beliefs	4	3	2	1
Gives you good advice and treatment	4	3	2	1

**Your Thoughts About Today's Visit** Yes No Not Applicable

My provider and my other doctors/caregivers share information about my care.	Y	N	NA
Did anyone ask if you have problems with the medicine you take?	Y	N	NA
Do you have problems getting your medicine? (transportation, pharmacy hours or cost)	Y	N	NA
Did someone talk with you about your goals for your health?	Y	N	
Did you get a copy of your care plan?	Y	N	NA
Were you asked if you had visits with other healthcare providers since your last visit with us?	Y	N	
Were you helped with making appointments to see other providers for specialty care?	Y	N	NA

**General** Yes No Not Applicable

Do you see the same provider for most of your medical visits at this clinic?	Y	N	
You may need community services that we do not provide (such as food pantry or housing). Have we helped you connect to those services?	Y	N	NA
Do you feel that we help you to make healthy lifestyle choices?	Y	N	
Would you send your friends and family to us?	Y	N	
Do you understand what we ask you to pay for your care?	Y	N	
Have you ever missed an appointment at this clinic because you did not have the money to pay?	Y	N	

	Very Good	Good	Fair	Poor
How would you rate your overall experience with this visit?	4	3	2	1

**Comments**

What one thing could we do to make your visits with us better?

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**Thank you for letting us know how we are doing!**