

Patient Experience Survey

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.

Patient Age: _____ Patient Race/Ethnicity: Black/African American
 White (Not Hispanic or Latino)
 Asian
 Hispanic or Latino (All Races)
 Other
 Unknown

Patient Sex: Female
 Male
 Other

Are you: The Patient
 Primary Care Giver
 Secondary Care Giver
 Parent/Legal Guardian
 Spouse
 Sibling
 Child
 Extended Family Member
 Other

Patient Insurance: Private/Commercial
 Medicaid/SCHIP
 Medicare
 Medicare and Medicaid
 Uninsured/Self Pay
 Other

Residence: Family/Permanent Residence
 Long Term Care
 Foster Care
 No Permanent Residence

Primary Care Provider Name: _____

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 clinic open	5	4	3	2	1
Convenience of clinic's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting/exam room	5	4	3	2	1
Waiting for referrals to specialist appointments	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Staff:					
Provider: (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
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
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
All Other Staff:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Payment:					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	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 and Safety while waiting	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 clinic your regular source of care? Yes _____ No _____					

What do you like best about our clinic? _____

What do you like least about our clinic? _____

Suggestions for improvement _____

Thank you for completing our Survey!