

Please take a few minutes to answer the questions below. Your feedback will help us to make improvements in how we serve our patients.

Draw a circle around your answer.

1. How helpful was the scheduler when you made today's appointment?
 1. Very helpful
 2. A little helpful
 3. Not at all helpful
2. Was today's appointment scheduled at a time convenient for you?
 1. Yes
 2. No
3. a) How well does the receptionist listen to and respond to your needs?
 1. Very well
 2. Okay
 3. Poorlyb) How well does the nurse listen to and respond to your needs?
 1. Very well
 2. Okay
 3. Poorlyc) How well does the doctor/provider listen to and respond to your needs?
 1. Very well
 2. Okay
 3. Poorly
4. Rate how well the staff at this clinic treats you with respect.
 1. Very respectful
 2. Okay
 3. Not at all respectful
5. a) Do you feel that an interpreter was needed to help you communicate with the doctor/provider?
 1. Yes
 2. Nob) If an interpreter was needed, did anyone at the clinic offer an interpreter's services to you?
 1. Yes
 2. No
6. Is this the first time you have seen this doctor/provider?
 1. Yes
 2. No
7. What is your age (or your child's age if the appointment was for your child)?
 1. Less than 20 years old
 2. 21 to 34 years old
 3. 35 to 64 years old
 4. 65 years or more
8. What is your race/ethnic background (or your child's, if the appointment was for your child)?
 1. White
 2. African American
 3. American Indian
 4. Asian
 5. Hispanic/Latino
 6. Pacific Islander
 7. East African
 8. Other (please write in) _____

If you have suggestions for how this clinic could improve to better meet your needs, please ask to talk to a clinic supervisor.