HealthPOINT

Clinic: _____ Provider: _____ Date: _____

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.

Your age: _____

Your gender:
___Male
___Female

Your Race/Ethnicity (select all that apply):
___Asian
___ Pacific Islander
___ Black/ African American
___ American Indian/ Alaska Native
___ White (Not Hispanic or Latino)
___ Hispanic or Latino (all Races)
___ Unknown

1. Please rate your overall experience.

Outstanding	Good	Average	Poor	Very Poor
5	4	3	2	1

2. Would you recommend this provider to relative or friend?
   a. Yes
   b. No

3. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?

Same Day	1 Day	2 – 3 Days	4 – 7 Days	More than 7 Days
5	4	3	2	1

4. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

Always	Usually	Sometimes	Never
4	3	2	1

5. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?
   a. Yes
   b. No

Please Continue Survey on Back

6. Specialists are doctors, like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?
    a. Yes
    b. No, **skip to question 8**

7. In the last 12 months, how often did your provider seem informed and up-to-date about the care you got from specialists?

Always	**Usually**	**Sometimes**	**Never**
4	**3**	**2**	**1**

8. How did you hear about this provider? Select all that apply.
    ___ Relative or friend
    ___ Flyer or other printed materials
    ___ Announcements on the radio or television
    ___ School
    ___ Church
    ___ None of the above. I knew the provider was there.

Was there a person here who made your visit better? If so, who was it and what did they do?

_____

_____

What do you like BEST about the clinic?

_____

_____

_____

Suggestions for Improvements:

_____

_____

_____

OPTIONAL

There are times when HealthPOiNT would like to ask you for further questions about your experience. If you would be willing, please include your name, phone number, and/or email address.
Name: _____
Phone Number: _____
Email address: _____

Thank you!