

## PATIENT QUESTIONNAIRE

Great Brook Valley Health Center is committed to providing excellent health care for everyone.

In an effort to better serve you, please take the time to answer the questions below.

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Please  circle your answer.

**1. What type of appointment are you here for today:**

Medical Appointment	Social Service
Medical Urgent Care: Walk-in	Mental Health
Medical Urgent Care: Called in advance	Optometry
Dental Appointment	Nutrition
Dental Urgent Care	Other _____

**2. During this visit, were you treated with respect by the front desk/secretarial staff?**

Yes                      No                      No Opinion

**3. For today's visit, what was your waiting time to see your provider?**

15 minutes	1-2 hours
15-30 minutes	Greater than 2 hours
31-45 minutes	Don't know
46-60 minutes	No opinion

**4. Did you feel this waiting time was reasonable?**

Yes                      No                      No Opinion

**5. While you were waiting, did anyone from the Health Center tell you how long you would wait before you saw your provider?**

Yes                      No                      Don't know

**6. How much time did you spend at the Health Center today?**

Less than 1 hour	more than 3 hours
1-3 hours	Don't know

**7. At this visit, did you receive all the information that you wanted from your provider (Medical Doctor, Physician Assistant, Nurse Practitioner, Dentist, Mental Health Clinician) concerning your care?**

Yes                      No                      No Opinion

**8. Was your provider respectful and courteous to you?**

Yes                      No                      No Opinion

**9. Do you feel that the provider you saw today listened to you?**

Yes                      No                      No Opinion

**10. Do you know your provider's name and qualifications?**

Yes                      No

**11. Did the following staff members treat you respectfully and courteously?**

<b>STAFF</b>	<b>YES</b>	<b>NO</b>	<b>NO CONTACT</b>
Nurse			
Medical Assistant			
Interpreter			
Dental Assistant			
Lab Personnel			
Pharmacy Staff			
Nutritionist			
Social Worker/Counselor			
Other			

**12. How easy was it for you to get an appointment for today's visit?**

Very difficult              Difficult              Average              Easy              Very Easy

**13. Have you placed a call to the health center within the past 6 months?**

Yes                      No                      Don't know

**14. If you called, were you able to reach the person you were calling in a reasonable amount of time?**

Yes                      No                      No Opinion

**15. Do you believe the information you give to staff at the Health Center about yourself is kept secret?**

Yes                      No                      Don't know

**16. Are you satisfied with the quality of care you receive at the Health Center?**

Yes

No

No Opinion

**17. Would you recommend the health center to family members or your friends?**

Yes

No

No Opinion

**18. What kind of transportation do you frequently use to get to GBVHC?**

Walk

Taxi

Own car

GBVHC van

Public transportation

Friends or relatives drive you

**If you do not receive medical care here at Great Brook Valley Health Center, what are your reasons?**

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**Please share with us any ideas you have to improve the care here at Great Brook Valley Health Center.**

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**Thank you for your comments and for choosing Great Brook Valley Health Center.**