

YOUR OPINION COUNTS

Draft of survey
8/29/04

Please help us try to give our patients better service by answering just a few questions about today's visit:

Date: _____ Name of staff/provider you saw: _____ Care to give your name/phone? _____

How did you learn about our clinic?

In case you made an appointment for today's visit:

Was it easy to make the appointment? Yes No

Was it easy getting through on the phone? Yes No Did not use phone

Were you treated courteously? Yes No

Was there an appointment available soon enough? Yes No

Could you be booked with the person you most wanted to see? Yes No Didn't matter

The check-in and waiting room:

Was the check-in process easy? Yes No

Were you treated courteously? Yes No

Was the time waiting in the waiting room acceptable? Yes No

The doctor visit:

Did the doctor see you for long enough? Yes No

Did you feel that the doctor understood you well enough? Yes No

Did the doctor really try to answer your questions? Yes No

Did you feel the doctor was skilled and knew enough? Yes No

Did you leave with a clear idea about what you were supposed to do? Yes No

Were you treated respectfully and politely? Yes No

Do you feel that we keep your information private? Yes No

Overall:

Was it a good visit? Yes No

Why or why not?

Would you recommend this doctor to others? Yes No

Why or why not?

Would you recommend the South End Community Health Center? Yes No

Why or why not?

THANK YOU! YOUR OPINION COUNTS