

# CLINIC VISITOR ASSESSMENT

## We would like to know how we are doing!

- 1) Please fill out this survey based on your experience at this clinic today.
- 2) When filling in your response, please darken the oval with a blue/black pen. Do not make any stray marks on the form.
- 3) Please place your finished survey into the sealed box at the reception counter or in the postage-paid envelope provided.

Your answers are kept secret and are handled by an outside research company.  
Please do not write your name on the survey.

### YOUR VISIT TODAY

1. Was your visit to this clinic today for yourself or your child?

- Myself       My child  
 Other (Please explain): \_\_\_\_\_

2. What was the main reason for your visit today?

- Routine Appointment / Check-up  
 Illness / Urgent Problem / Emergency Visit  
 Other (Please explain): \_\_\_\_\_

Please mark the number which most indicates your opinion for each of the following questions using a 5-point scale:

1=Very Dissatisfied   2=Dissatisfied   3=Neither Satisfied nor Dissatisfied   4=Satisfied   5=Very Satisfied

3. Overall, how satisfied are you with your experience with the clinic?

VD   D   N   S   VS  
①   ②   ③   ④   ⑤

### PROVIDER

Please answer the following questions thinking about the provider you saw today.

4. Overall, how satisfied are you with the health care you received from the provider you saw today?

①   ②   ③   ④   ⑤

5. How satisfied are you with the amount of time the provider spent with you?

①   ②   ③   ④   ⑤

6. How satisfied are you with how carefully the provider listened to what you had to say?

①   ②   ③   ④   ⑤

7. How satisfied are you with the respect you received from the provider?

①   ②   ③   ④   ⑤

8. How satisfied are you with the helpfulness of the provider?

①   ②   ③   ④   ⑤

9. How satisfied are you with how well the provider explained things and answered your questions in a way you could understand?

①   ②   ③   ④   ⑤

### NURSES / MEDICAL OR DENTAL ASSISTANTS

10. Overall, how satisfied are you with the health care you have received from the nurses, medical assistants or dental assistants at this clinic?

VD   D   N   S   VS  
①   ②   ③   ④   ⑤

11. How satisfied are you with the respect you received from the nurses, medical assistants or dental assistants?

①   ②   ③   ④   ⑤

12. How satisfied are you with the helpfulness of the nurses, medical assistants or dental assistants?

①   ②   ③   ④   ⑤

13. How satisfied are you with how well the nurses, medical assistants or dental assistants explained things and answered your questions in a way you could understand?

①   ②   ③   ④   ⑤

14. How satisfied are you with the nurses, medical assistants or dental assistants letting you know if the provider was running late?

①   ②   ③   ④   ⑤

### RECEPTIONIST

15. Overall, how satisfied are you with the receptionists at this clinic?

VD   D   N   S   VS  
①   ②   ③   ④   ⑤

16. How satisfied are you with the respect you received from the receptionist?

①   ②   ③   ④   ⑤

17. How satisfied are you with the helpfulness of the receptionist?

①   ②   ③   ④   ⑤

18. How satisfied are you with how well the receptionist explained things and answered your questions in a way you could understand?

①   ②   ③   ④   ⑤

→ PLEASE TURN OVER →

Please mark the number which most indicates your opinion for each of the following questions using a 5-point scale:

1=Very Dissatisfied 2=Dissatisfied 3=Neither Satisfied nor Dissatisfied 4=Satisfied 5=Very Satisfied

## ACCESS

18. Overall, how satisfied are you with the ability to receive needed care in a timely manner? VD D N S VS  
① ② ③ ④ ⑤
19. How many days did you have to wait between when you made an appointment and to see your provider today? \_\_\_\_\_ Days
20. How satisfied are you with how easy it is to get through on the telephone when you call this clinic? VD D N S VS  
① ② ③ ④ ⑤
21. How satisfied are you with the helpfulness of the people who answer the telephone at this clinic? ① ② ③ ④ ⑤
22. How satisfied are you with being able to get medical advice on the telephone after hours or on weekends when the clinic is closed? ① ② ③ ④ ⑤

## YOUR APPOINTMENT

- 23a. Did you have to wait to see your provider past your scheduled appointment today?  Yes  No
- 23b. If you didn't see your provider at the scheduled appointment time, how long did you wait, past your scheduled appointment time before seeing your provider? \_\_\_\_\_ Minutes
24. How satisfied are you with the amount of time you had to wait at the clinic between the time of your appointment and the time you were seen by a doctor or nurse? VD D N S VS  
① ② ③ ④ ⑤
25. How satisfied are you with the amount of time you had to wait in the exam room? ① ② ③ ④ ⑤
26. How satisfied are you with the amount of time to be notified for most of your test results? ① ② ③ ④ ⑤
27. How satisfied are you with the clinic staff calling you back in a timely manner? ① ② ③ ④ ⑤
28. Overall, how satisfied are you with your experience with the clinic? ① ② ③ ④ ⑤
29. Do the hours at this clinic met your / your family's needs?  Yes  No
30. Were you greeted with a smile today?  Yes  No

## OVERALL

31. How likely are you to recommend this clinic to your friends or family? Very Unlikely Unlikely Neutral Likely Very Likely  
① ② ③ ④ ⑤
32. If you had a choice, how likely are you to continue using this clinic for your / your family's health care needs? ① ② ③ ④ ⑤
33. What is the name of the health insurance carrier you are currently enrolled with? (Please write in)  
 No Health Insurance  Community Health Plan  Medicare  Medicaid  Private Insurance \_\_\_\_\_  
 Other \_\_\_\_\_
34. If English is not the main language spoken in your household, which of the following is your main language?  
 Arabic  Korean  Russian  Spanish  Ukrainian  Vietnamese  Other (Please write in) \_\_\_\_\_
- 35a. Did you have any problems during your visit today?  Yes  No (Please go to Q36)
- 35b. If you had problems during your visit today, what was the nature of the problem? \_\_\_\_\_
- 35c. Has the problem been resolved to your satisfaction?  No  Yes (Please go to Q36)
- 35d. If not, what remains to be done to resolve the problem to your satisfaction? \_\_\_\_\_
36. Please share any comments or suggestions you may have.

Thank you for completing this survey!