To Our Patients:
We want to know how you feel about the care you get at our health center. Please take a few minutes to complete this survey and then return it to us. Let us know your feelings about today’s visit and any visits during the last year or so. Safe and effective care is our goal. Your answers are important to us.

## About Patient

### What is your age?

- [ ] 0-12
- [ ] 13-19
- [ ] 20-29
- [x] 30-39
- [ ] 40-49
- [ ] 50-64
- [ ] 65+

### What is your gender?

- [ ] Male
- [ ] Female
- [ ] Transgender

### Do you consider yourself Hispanic or Latino?

- [ ] Yes, Hispanic or Latino
- [ ] No, not Hispanic or Latino

### What is your race? (mark one or more)

- [ ] Asian
- [ ] Black/African American
- [x] White
- [ ] Native Hawaiian
- [ ] Other Pacific Islander
- [ ] American Indian/Alaskan Native

### How would you rate your general health?

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

## Ease of Getting Care

### Able to get appointment for checkups (yearly exams, well-visits, regular follow-up visits)

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Able to make same day appointment when sick or hurt

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Health center hours work for me

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Phone calls get through easily

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### I get called back quickly

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Able to get medical advice when the office is closed

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Length of time waiting at the clinic

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

## Facility

### Easy to find clinic

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Lobby and waiting room was comfortable and clean

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Exam room was comfortable and clean

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Handicap accessibility

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

## Front Desk

### Friendly and helpful to you

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

## Nurses and Medical Assistants

### Listens to you

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Friendly and helpful to you

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

### Answers your questions

- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

Please see questions on other side
<table>
<thead>
<tr>
<th>Provider(s) (the person who took care of you)</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listens to you</td>
<td></td>
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<td></td>
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<tr>
<td>Spends enough time with you</td>
<td></td>
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<tr>
<td>Answers your questions</td>
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<tr>
<td>Friendly and helpful to you</td>
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<tr>
<td>Gives you information you can understand</td>
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<tr>
<td>Considers your personal or family beliefs</td>
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<tr>
<td>Involves other doctors and caregivers in your care when needed</td>
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<tr>
<td>Gives you good advice and treatment</td>
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<table>
<thead>
<tr>
<th>Experience with Today's Visit</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Did anyone ask if you have problems with the medicine you take?</td>
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<tr>
<td>Do you have problems getting your medication? (transportation, pharmacy hours or cost)</td>
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<tr>
<td>Did someone talk with you about your goals for your health?</td>
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<td>Did you get a copy of your care plan?</td>
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<td>Were you asked if you had visits with other healthcare providers since your last visit with us?</td>
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<tr>
<td>Were you helped with making appointments to see other providers or for specialty care?</td>
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<table>
<thead>
<tr>
<th>General</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been given information on what it means to have a &quot;health home&quot; or a &quot;medical home&quot;?</td>
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<td>If yes, do you feel that we are your health/medical home?</td>
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<td>You may need other services that we do not provide. Have we helped you find other services you need?</td>
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<td>Do you feel that we help you to make healthy lifestyle choices?</td>
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<td>Would you send your friends and family to us?</td>
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<td>Do you understand what we ask you to pay for your care?</td>
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<tr>
<td>Do you feel what you pay is reasonable?</td>
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<tr>
<th>Comments</th>
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<tr>
<td>What one thing could we do to make your visits with us better?</td>
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Thank you for letting us know how we are doing!