

Patient Experience Survey - October 2012
Health

AHCH - Behavioral

Gender: Female Male Transgender

Date: ___/___/___

Race/Ethnicity: Black/African American Native American White Other _____ Hispanic

The Provider I usually see is: _____

Please respond to the following questions based on your experience at this clinic **over the past 12 months**

	Always	Usually	Sometimes	Never
When you phoned this <i>clinic</i> to get an appointment for care you needed right away , how often did you get an appointment as soon as you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time includes time spent in the waiting room and exam room. How often did you see this provider within 15 minutes of your appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did this provider explain things in a way that was easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did this provider listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When this Provider ordered a blood test, x-ray, or other tests for you, how often did someone from the <i>clinic</i> follow up to give you the results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often were clerks and receptionists at this <i>clinic</i> helpful as you thought they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did you and anyone from this <i>clinic</i> talk at each visit about all the prescription medicines you were taking?	<input type="checkbox"/>	<input type="checkbox"/>
When you talked about starting or stopping a prescription medication, did this provider ask you what you thought was best for you?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in this <i>clinic</i> talk with you about specific goals for your health?	<input type="checkbox"/>	<input type="checkbox"/>
Did you and anyone in this <i>clinic</i> talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional issue?	<input type="checkbox"/>	<input type="checkbox"/>
Some offices remind patients between visits about tests or appointments. Did you get any reminders from this <i>clinic</i> between visits?	<input type="checkbox"/>	<input type="checkbox"/>
Did this <i>clinic</i> give you information about what to do if you needed care during evenings, weekends, or holidays?	<input type="checkbox"/>	<input type="checkbox"/>

How many days did you usually have to wait for an appointment when you **needed care right away**?

Same day 1 day 2 to 3 days 4 to 7 days More than 7 days

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this Provider?

0 worst 1 2 3 4 5 6 7 8 9 10 best

Comments:

~ Thank you for completing our Survey~