

### Patient Experience Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Patient Age: \_\_\_\_\_ Patient Race/Ethnicity:  Black/African American  
 White (Not Hispanic or Latino)  
 Asian  
 Hispanic or Latino (All Races)  
 Other

Patient Sex:  Female  
 Male

Are you:  The Patient Patient Insurance:  Private/Commercial  
 Primary Care Giver  Medicaid/SCHIP  
 Parent/Legal Guardian  Uninsured/Self Pay  
 Sibling  
 Extended Family Member  
 Sibling

Please Circle your provider: Dr.Burton Dr.Cody Dr.Craighead Dr.Hudson Dr.Koontz Dr.Lins

Dr.Magryta Dr.Rose Dr.Towns Cybil Jones PA-C Mark Law PA-C Lisa Whitley PMHS

Mallory Patterson CPNP Michelle Thomason CPNP Melissa Notemyer FNP Zachary Strong FNP

Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours clinic open	5	4	3	2	1
Convenience of clinic's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting/exam room	5	4	3	2	1
Waiting for referrals to specialist appointments	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<i>Provider:</i> (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1

Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<i>All Other Staff:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<i>Payment:</i>					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<i>Managing Care</i>					
I have help if I need a referral(coordinates my care)	5	4	3	2	1
I get patient education and handouts to use	5	4	3	2	1
I feel my provider helps me manage my health	5	4	3	2	1
The office asks if I receive care anywhere else	5	4	3	2	1
<i>Confidentiality:</i>					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us	5	4	3	2	1
Do you consider this clinic your regular source of care? Yes _____ No _____					

What do you like best about our clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like least about our clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement \_\_\_\_\_

\_\_\_\_\_

Thank you for completing our survey .Please give back to any office staff when completed.