

Free Medical Clinic of Northern Shenandoah Valley, Inc.

Patient Satisfaction 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. If you should need assistance, please do not hesitate to ask. Thank you for your time.

Your Age: _____

Your Race/Ethnicity: _____ Asian

Your Sex:

Male _____

Female _____

_____ Pacific Islander

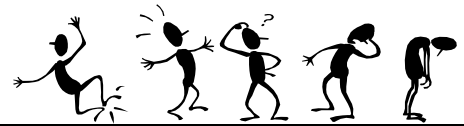
_____ Black/African American

_____ American Indian/Alaska Native

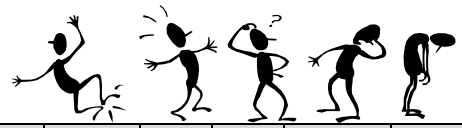
_____ White (Not Hispanic or Latino)

_____ Hispanic or Latino (All Races)

_____ Unknown



Please select one statement that applies, answer each question with one X mark per line across on how well you think we are doing in the following areas:	Strongly Agree	Agree	Not Sure	Disagree	Strongly Agree
Ease of getting care:					
Ability to get in to be seen					
Hours Clinic is open					
Convenience of Clinic's location					
Prompt return on phone calls					
Waiting:					
How long did you wait before being seen? _____ 15 – 30 min or _____ 1- 2 hours (please check one)					
Time in waiting room					
Time in exam room					
Waiting for tests to be performed					
Waiting for test results					
Doctor:					
<i>Provider:</i> (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
Listens to you					
Takes enough time with you					
Explains what you want to know					
Gives you good advice and treatment					
Nurses and Medical Assistants:					
Friendly and helpful to you					
Answers your questions					



Please select one statement that applies, answer each question with one X mark per line across on how well you think we are doing in the following areas:	Strongly Agree	Agree	Not Sure	Disagree	Strongly Agree
Patient Scheduling Check In & Check Out:					
Friendly and helpful to you					
Pharmacy Staff:					
Answers your questions					
Medications					
Downstairs Information Desk/Patient Eligibility:					
Friendly and helpful to you					
Organization:					
Overall patient satisfaction					
Facility:					
Neat and clean building					
Ease of finding where to go					
Comfort and Safety while waiting					
Privacy					
Confidentiality:					
Keeping my personal information private					
How long have you been a patient at the Clinic? (Please circle one)	First visit	Less 1 Year	1-3 Years	3-6 Years	5+ Years
Who referred you? _____ Please be specific (i.e. WMC Emergency Room)					
Do you consider this Medical 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!