



# Partnership Health Center

## 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. Thank you for your time.

**What time of day are you utilizing the clinic? Please circle:**

8am-10am   10am-2pm   2pm-6pm   6pm-8pm



Please circle how well you think we are doing in these areas:	Great 5	Good 4	Okay 3	Fair 2	Poor 1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Phone system	5	4	3	2	1
<b>Reception:</b>					
Time in reception area	5	4	3	2	1
Comfort level of reception area	5	4	3	2	1
<b>Staff:</b>					
<b>Reception:</b>					
Friendly and helpful	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
<b>Nurses and Medical Assistants:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Provider: (Physician, Physician Assistant, Nurse Practitioner)</b>					
Listens to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Pharmacy:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

Please continue on reverse side

Please circle how well you think we are doing in these areas:	Great 5	Good 4	Okay 3	Fair 2	Poor 1
<b>Payment:</b>					
Copay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
<b>Facility:</b>					
Neat and clean building	5	4	3	2	1
Parking	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1
<b>The likelihood of referring your friends and relatives to us:</b>	5	4	3	2	1

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Has our recent change to Electronic Medical Recordkeeping improved your visit?    Yes    No



**Thank you for completing our survey!**