

Element B: Measure Patient/Family Experience

Date of Visit _____

Lake County Free Clinic Patient Satisfaction Survey

Disagree



Agree



I was treated courteously by the receptionist when making my appointment	1	2	3	4	5	N/A
At the time of my visit, I was treated courteously by the providers (nurses, doctors, lab, Nurse Practitioners, dentists)	1	2	3	4	5	N/A
I was satisfied with the explanation of my health condition/issue	1	2	3	4	5	N/A
I was satisfied with the examination by the provider	1	2	3	4	5	N/A
The instructions for my treatment and medication were clearly explained	1	2	3	4	5	N/A
The staff made suggestions for healthy living	1	2	3	4	5	N/A

Where would you go for care if you didn't come here? (Please mark all that apply.)					
Emergency Room	<input type="checkbox"/>	Urgent Care	<input type="checkbox"/>	Nowhere	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Do you have any health insurance?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Additional comments about any difficulty you may have accessing health care: _____

Gender	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Age					
Under 18	<input type="checkbox"/>	30-49	<input type="checkbox"/>	65 or older	<input type="checkbox"/>
19-29	<input type="checkbox"/>	50-64	<input type="checkbox"/>		<input type="checkbox"/>

Any additional comments: _____

OPTIONAL: If you would like to be contacted about any of the comments you provided, please add your name and preferred contact information here. Someone from LCFC will contact you very soon. Thank you!

Name _____ Phone/Email _____