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| **Family Planning Patient Satisfaction Paper Survey** |
| Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time. | A picture containing clock, drawing  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | A close up of a device  Description automatically generated | A picture containing mirror  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | **?** |
| **Please circle how well we are doing in the following areas:**  | **GREAT5**  | **GOOD4**  | **OK3**  | **FAIR2**  | **POOR1**  | **DON’T KNOW N/A**  |
| **Ease of getting care:** |
| Time between making appointment and being seen  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Convenience of clinic hours  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Convenience of clinic location  | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Wait time during visit:**  |
| Time in waiting room  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Time in exam room  | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Front Desk Staff:** |
| Courteous & Respectful | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains registration process  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Protects your privacy  | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Provider: (Physician, Nurse Practitioner)**  |
| Courteous & Respectful | 5  | 4  | 3  | 2  | 1  | N/A  |
| Listens to you  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Takes enough time with you  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains what you want to know  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains medication  | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Nurses:** |
| Courteous & Respectful | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains what you need to know  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains medication  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Listens to you  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Skill of the Nurses | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Lab Staff:** |
| Courteous & Respectful  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains what you need to know | 5  | 4  | 3  | 2  | 1  | N/A  |
| Skill of the lab staff | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Medical Assistants:** |
| Courteous & Respectful | 5  | 4  | 3  | 2  | 1  | N/A  |
| Clearly explains what you want to know | 5  | 4  | 3  | 2  | 1  | N/A  |
| Skill of the medical assistants | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Payment:** |
| What you pay | 5  | 4  | 3  | 2  | 1  | N/A  |
| Explanation of charges | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Facility:** |
| Cleanliness of clinic  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Ease of finding where to go  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Comfort while waiting  | 5  | 4  | 3  | 2  | 1  | N/A  |
| **Confidentiality:** |
| Keeping your personal information private during the clinic visit/exam | 5  | 4  | 3  | 2  | 1  | N/A |

**Did someone talk to you today about if or when you would like to have children (or another child)?** o Yes o No

**If yes do you feel like you left with a clear plan of next steps for the choice you made?** o Yes o No

**Did someone talk to you about your birth control during your visit today?** o Yes o No

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| If yes, please rate the staff with respect to discussing your birth control options: | A picture containing clock, drawing  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | A close up of a device  Description automatically generated | A picture containing mirror  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | **?** |
| **Please circle how well we are doing in the following areas:**  | **GREAT5**  | **GOOD4**  | **OK3**  | **FAIR2**  | **POOR1**  | **DON’T KNOW N/A**  |
| Respecting you as a person | 5  | 4  | 3  | 2  | 1  | N/A  |
| Letting you say what mattered to you about your birth control method  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Taking your choice of birth control seriously  | 5  | 4  | 3  | 2  | 1  | N/A  |
| Giving you enough information to make the best decision about your birth control method  | 5  | 4  | 3  | 2  | 1  | N/A  |

**How did you hear about us? (check one)** o Friend o Relative o Partner o On-line

o Referral (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you like best about our clinic?**

**What do you like least about our clinic?**

**What could we have done to make your visit better today?**

**Would you recommend us to friends/family?** o Yes o No

 **Thank you for completing our survey!**