



Patient Satisfaction Survey

Today's date: ____/____/____

We welcome your feedback!
Please rate our staff & operations based on your experience today!

Is this your first visit to an Advantage Health Center site?
☐ Yes ☐ No

Patient's Age _____

If No, how long have you been an AHC patient?
☐ less than 1 year ☐ 2-5 years ☐ 5+ years

Patient's Sex: ☐ Female ☐ Male

Which AHC site do you receive health care at?
☐ Advantage Family Hlth Ctr ☐ Thea Bowman Hlth Ctr
☐ Waller Health Ctr ☐ Childrens' Health Center

Service(s) received today? (Check all that apply)
☐ Medical ☐ Social Work ☐ Pediatric ☐ Other _____

A	Registration (circle ONE choice 1 - 5)	Poor	Fair	Good	Very Good	Excellent
1	Friendliness/courtesy of the person at the registration desk	1	2	3	4	5
2	Ease of getting an appointment when you wanted	1	2	3	4	5
3	Ease of the registration process	1	2	3	4	5
4	Acceptable time in registration/waiting room area	1	2	3	4	5
5	Time to complete check out and schedule next appointment	1	2	3	4	5
Comments (describe good and bad experiences)						

B	Providers and Support Staff (circle ONE choice 1 - 5)	Poor	Fair	Good	Very Good	Excellent
1	Friendliness/courtesy of the support staff	1	2	3	4	5
2	Friendliness/courtesy of the Doctor/Nurse	1	2	3	4	5
3	Your understanding of your health care treatment plan	1	2	3	4	5
4	Your comfort with asking questions	1	2	3	4	5
5	Your understanding of prescribed medications	1	2	3	4	5
6	Your understanding of when & why you need to have a return visit	1	2	3	4	5
7	Time spent waiting in the examination room	1	2	3	4	5
8	If appropriate, you received referral services for additional tests or other health care needs such as specialists, x-rays, lab tests, etc.	1	2	3	4	5
Comments (describe good and bad experiences)						

C	Overall Assessment (circle ONE choice 1 - 5)	Poor	Fair	Good	Very Good	Excellent
1	How well the staff worked together to provide care	1	2	3	4	5
2	Staff treated me with dignity and respect	1	2	3	4	5
3	Overall rating of care received during your visit	1	2	3	4	5
4	Likelihood of your recommending our services to others	1	2	3	4	5
5	Degree to which our services met your expectations	1	2	3	4	5
Comments (describe good and bad experiences)						

Will you return for services at our health center?

☐ NO

☐ YES

General Comments/Suggestions:

Thank you! Please return to front desk staff.