

Hawse Health Center

Patient Satisfaction Survey

REVISED 1.1.14

APRIL 2014

For one week every six months, Hawse Health Center asks that our patients complete this 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 answers are directly responsible for improving our services. All surveys will be kept confidential and anonymous. If you would like to discuss a suggestion or concern, please feel free to add your name and contact information. Thank you.

Your Age: _____ Who did you see today? _____

Your Sex: Male _____ Female _____

Where do you live? _____

Are you here for Medical ___ or Dental ___

How did you hear about our Center? _____ Family Member _____ Friend _____
 _____ Yellow Pages _____ Newspaper Advertisement
 _____ Other: _____

What do you like best about our Center? _____

What do you like least about our Center? _____

Suggestions for Improvement? _____

- Your Race/Ethnicity**
- _____ White (Not Hispanic or Latino)
 - _____ Hispanic or Latino
 - _____ Black/African American
 - _____ American Indian/Alaska Native
 - _____ Asian
 - _____ Pacific Islander
 - _____ Unknown

Tell us a little about your experience today:	Great 5	Good 4	OK 3	Fair 2	Poor 1
EASE OF GETTING CARE:					
* Ability to get in to be seen	5	4	3	2	1
* Hours the Center is open	5	4	3	2	1
* Convenience of Center's location	5	4	3	2	1
* Prompt return on calls	5	4	3	2	1
WAITING:					
* Time in waiting room	5	4	3	2	1
* Time in exam room	5	4	3	2	1
* Waiting for tests to be performed	5	4	3	2	1
* Waiting for test results	5	4	3	2	1
STAFF:					
Provider: (Physician, Dentist, Physician Assistant, Nurse Practitioner:					
* Listens to you	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
* Gives you good advice and treatment	5	4	3	2	1

OVER →→→→

	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Tell us a little about your experience today:					
DENTAL ASSISTANTS OR MEDICAL ASSISTANTS:					
* Friendly and helpful to you	5	4	3	2	1
* Answers your questions	5	4	3	2	1
ALL OTHER STAFF:					
* Friendly and helpful to you	5	4	3	2	1
* Answers your questions	5	4	3	2	1
PAYMENT:					
* What you pay	5	4	3	2	1
* Explanation of charges	5	4	3	2	1
* Collection of payment/money	5	4	3	2	1
FOLLOW UP & EDUCATION:					
* Do you understand how to take care of your health problems after this visit?	5	4	3	2	1
* Do you understand who to call when you have questions?	5	4	3	2	1
* Do you understand when to come to the clinic for your next visit?	5	4	3	2	1
* Do you understand WHY you should call the clinic?	5	4	3	2	1
FACILITY:					
* Neat and clean building	5	4	3	2	1
* Ease of finding where to go	5	4	3	2	1
* Comfort and Safety while waiting	5	4	3	2	1
* Privacy	5	4	3	2	1
CONFIDENTIALITY:					
* Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us?	5	4	3	2	1
The likelihood of returning for care in the future?	5	4	3	2	1
Do you consider this center your regular source of care? Yes _____ No _____					

ANY COMMENTS YOU MAY HAVE:

Please circle your income level below

FAMILY	A	B	C	D	E	F	G
SIZE	0-100%	101 – 120%	121 – 140%	141 – 160%	161 – 180%	181 – 200%	200%+
1	0 – 11,490	11,491 – 13,788	13,789 – 16,086	16,087 – 18,384	18,385 – 20,682	20,683 – 22,980	22,981+
2	0 – 15,510	15,511 – 18,612	18,613 – 21,714	21,715 – 24,816	24,817 – 27,918	27,919 – 31,020	31,021+
3	0 – 19,530	19,531 – 23,436	23,437 – 27,342	27,343 – 31,248	31,249 – 35,154	35,155 – 39,060	39,061+
4	0 – 23,550	23,551 – 28,260	28,261 – 32,970	32,971 – 37,680	37,681 – 42,390	42,391 – 47,100	47,101+
5	0 – 27,570	27,571 – 33,084	33,085 – 38,598	38,599 – 44,112	44,113 – 49,626	49,627 – 55,140	55,141+
6	0 – 31,590	31,591 – 37,908	37,909 – 44,226	44,227 – 50,544	50,545 – 56,862	56,863 – 63,180	63,181+
7	0 – 35,610	35,611 – 42,732	42,733 – 49,854	49,855 – 56,976	56,977 – 64,098	64,099 – 71,220	71,221+
8	0 – 39,630	39,631 – 47,556	47,557 – 55,482	55,483 – 63,408	63,409 – 71,334	71,335 – 79,260	79,261+