

**RURAL/FRONTIER WOMEN'S HEALTH COORDINATING CENTERS
CLIENT QUESTIONNAIRE**

The questions on this short survey ask about your recent experience with the [NAME] Rural/ Frontier Women's Coordinating Center. We appreciate your time and attention in answering these questions as best you can. Your responses will help us to improve the services available to women in the [GEOGRAPHIC AREA].

1. How did you find out about the [NAME] Rural/Frontier Women's Coordinating Center? (Check one)

- Local advertisement/notice
- Website
- Friend or family member
- Doctor or other healthcare provider
- Other (please

describe) _____

2. When you called or visited the website, what service(s) were you interested in learning about?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- _____

3. How helpful was the person you talked to? (Check one)

- Very Helpful
- Somewhat Helpful
- Not Helpful

4. Did the person you talked to give you the information you needed?

- Yes
- No

5. Did the person you talked to give you information about where to go for the service(s) you needed?

- Yes
- No

6. Where did the person tell you to go? (Please give the name of the place or places)

**RURAL/FRONTIER WOMEN'S HEALTH COORDINATING CENTERS
CLIENT QUESTIONNAIRE**

7. Do you go to the place that was recommended?

- Yes
No

8. If you went to the place that was recommended, how would you rate your experience there?

- Excellent
Good
Fair
Poor

9. If you did NOT go to the place that was recommended, why didn't you go?

10. Would you call the [NAME] RFCC again if you needed assistance in locating healthcare services?

- Yes
No

If no, why not?

11. Do you feel that you can get the healthcare services you need when you need them?

- Yes
No

If no, what is preventing you from getting these services?

- Too far away
 Can't get an appointment
 Costs too much
 Don't have a way to get there
 Other (please explain)
