

## Tab 4 Patient Exit Survey

Date (MM/DD/YYYY)

Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Study Site

- |                                             |                                        |
|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Alabama-Birmingham | <input type="checkbox"/> Johns Hopkins |
| <input type="checkbox"/> Boston             | <input type="checkbox"/> Miami         |
| <input type="checkbox"/> Houston/Thomas St. | <input type="checkbox"/> SUNY Brooklyn |

What is your gender? (choose one)

- |                                 |                                                       |
|---------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender (male to female) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender (female to male) |

What is your race? (check all that apply)

- |                                                           |                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native |                                                                    |

What is your ethnicity? (choose one)

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino     |
| <input type="checkbox"/> Not Hispanic or Latino |

**1.** At your clinic visit today, did any clinic staff person offer you the “Stay Connected” brochure about the importance of keeping all of your appointments at this clinic?

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Yes (go to Question 3) |
| <input type="checkbox"/> No (go to Question 2)  |

**2.** Did you receive the “Stay Connected” brochure at any previous visit to this clinic?

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

**3.** At your clinic visit today, did your health care provider (doctor, nurse practitioner, physician assistant, nurse) talk to you about the importance of keeping all of your appointments at this clinic?

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

**4.** At your clinic visit today, did anyone else talk with you about the importance of keeping all of your appointments at this clinic?

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.033 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.