Heal		

## PATIENT FEEDBACK SURVEY

We are trying to improve the care we provide to our patients. Please take a few minutes to answer the following questions. You can skip questions you do not want to answer. This is completely voluntary and will not affect the care you receive here. Please do not write your name on this. It is completely private – no names attached. For your answers to be most helpful, please be as honest as you can. THANK YOU!

1.	Today, did your he	ealthcare provid	ler talk to you abo	out healthy an	d unhealthy relatio	onships?	
	No	Yes	Don't Know				
2.	Today, did your he they may have to No	=		hey mean by t	he term "confident	ial" and the reasons	
	П						
2	Today did your be	althcare provid	⊔ ler give vou eithe	r one of these	palm-sized cards (p	nictured helow\?	
J.	No	Yes	Don't Know	i one or these	paiiii-sizeu carus (ț	dictured below):	
		П	П				
	Do you No to	Hangin	g out or Hooking up?	W 14 years of the control of the con	Did You Know Your Relationship Affects Your Health?		
4.	Did receiving this	card or other in	formation from y	our healthcare	e provider increase	your understanding	
	about how to help		-	=			
<ol> <li>3.</li> <li>4.</li> <li>8.</li> </ol>	No	Yes	Don't Know	Not appli	cable, I did not rece	ive the card	
	Ц	Ц	Ц	Ш			
5.	-		healthy relationsl	hip or been hu	rt by a sexual partr	ner?	
	No	Yes					
	□ Today did you	⊔ tell vour health	care provider this	.7			
	roddy, did you	No	=		ot applicable, have r	not experienced this	
6.	How helpful or unhelpful was it to be asked about your relationship? Please circle a number below:						
	0	1	2	3	4	Not Applicable	
	Not Helpful				Very Helpful		
7.	•	=			althy and unhealthy	_	
	0	1	2	3	4	Not Applicable	
	Not Helpful				Very Helpful		
8.	How likely are you	ı to share inforn	nation you receiv	ed today on h	ealthy and unhealtl	hy relationships	
	with someone you		-	-	•		
	0	1	2	3	4	Not Applicable	
	Not Likely				Very Likely		
9.	What is your age?	Are you:					
	10 to 24 years	old 25 a	and over				

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. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, 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 this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

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