Outpatient Survey (MD)

OUTPATIENT SURVEY

INSTRUCTIONS: Please rate the services you received at the NIH Clinical Center. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

If you can't complete the entire survey at once, you may come back to it later. Your previous responses will be saved automatically and you will be able to continue where you left off. At any point during the survey, you can clear the entire survey and start over by clicking the "Clear Survey" button.

When you have finished, please click the "Submit" button.

OMB No. 0925-0648 Expiration Date: 05/2021

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648).

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BACKGROUND QUESTIONS

1) Was this your first visit here?

- ○ Yes
- ○ No

2) How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room?

_____ minutes

3) How many **minutes** did you wait in the exam room before you were seen by a doctor, physician assistant (PA), or nurse practitioner (NP)?

_____ minutes

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ACCESS	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Ease of scheduling your appointment	○	○	○	○	○
2) Ease of contacting (e.g., email, phone, web portal) the clinic	○	○	○	○	○

3) **Comments** (describe good or bad experience):

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MOVING THROUGH YOUR VISIT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Degree to which you were informed about any delays	○	○	○	○	○
2) Wait time at clinic (from arriving to leaving)	○	○	○	○	○

3) **Comments** (describe good or bad experience):

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NURSE/NURSING ASSISTANT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How well the nurse/assistant listened to you	○	○	○	○	○
2) Concern the nurse/assistant showed for your problem	○	○	○	○	○
3) Nursing staff's concern in assisting with control of pain	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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CARE PROVIDER	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), or NURSE PRACTITIONER (NP). PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1) Concern the care provider showed for your questions or worries	○	○	○	○	○
2) Explanations the care provider gave you about your problem or condition	○	○	○	○	○
3) Care provider's efforts to include you in decisions about your care	○	○	○	○	○
4) Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	○
5) Likelihood of your recommending this care provider to others	○	○	○	○	○

6) **Comments** (describe good or bad experience):

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PERSONAL ISSUES	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) Our concern for your privacy	○	○	○	○	○
2) How well the staff protected your safety (by washing hands, wearing ID, etc.)	○	○	○	○	○
3) Response to concerns/complaints made during your visit	○	○	○	○	○

4) **Comments** (describe good or bad experience):

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OVERALL ASSESSMENT	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
1) How well the staff worked together to care for you	○	○	○	○	○
2) Likelihood of your recommending NIH Clinical Center to others	○	○	○	○	○

3) **Comments** (describe good or bad experience):

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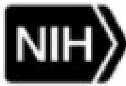
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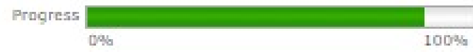
Progress 
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1) Patient's Name: (optional)

2) Telephone Number: (optional)

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