



Catawba Service Unit Patient Satisfaction Survey

Please fill out the information for this visit and give to surveyor.

Who are you seeing today: Circle all that apply

Dentist Lab only Nurse Nutritionist Medical Provider Pharmacy only Other: _____

Who was your provider today: _____

Circle one number for each question:

1= Strongly Disagree 2=Disagree 3=Neither Disagree or Agree 4=Agree 5=Strongly Agree

- 1. I have a person who I think of as my personal doctor or nurse 1 2 3 4 5
- 2. It is easy for me to get medical care when I need it 1 2 3 4 5
- 3. Most of time when I visit office, it is well organized and does not waste my time 1 2 3 4 5
- 4. The information given me about my health problems is very good 1 2 3 4 5
- 5. I am sure that I can manage and control most of my health problems 1 2 3 4 5
- 6. Overall, the care I receive at the Catawba Service Unit meets my needs 1 2 3 4 5
- 7. I am able to get the care I need and want- when I need and want it at the clinic 1 2 3 4 5

Use these rating for questions below **1= Very Dissatisfied 2=Dissatisfied 3=Neutral**

4=Satisfied 5=Very Satisfied

- 8. Did provider answer your questions 1 2 3 4 5
- 9. Did provider explain things to you 1 2 3 4 5
- 10. Was provider friendly to you 1 2 3 4 5
- 11. Did RN answer your questions 1 2 3 4 5
- 12. Did RN explain things to you 1 2 3 4 5
- 13. Was RN friendly to you 1 2 3 4 5
- 14. Did other staff answer your questions 1 2 3 4 5
- 15. Did other staff explain things to you 1 2 3 4 5
- 16. Was other staff friendly to you 1 2 3 4 5
- 17. Ease of getting medical appointment 1 2 3 4 5
- 18. Ease of getting dental appointment 1 2 3 4 5
- 19. Wait time to see provider 1 2 3 4 5
- 20. Overall satisfaction with CSU Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied
- 21. How many minutes did you have to wait before a doctor saw you?
0-10 min
11-20 min
21-30 min
30-60 min
Over 60 min

During your visit did any staff member go above the call of duty to make your visit better or more enjoyable? If so please let us know whom and what they did so we can encourage this. _____

Do you have any recommendations or suggestions that could help us improve the care we offer for you?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer