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Form Approved

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Crownpoint Service Unit

JCT STATE HWY 371 & ROUTE 9, CROWNPOINT, NEW MEXICO 87313

# Patient Satisfaction Survey

### **Please complete this survey AFTER you are finished with your visit and rate our employees.**

### **Instructions: Please circle your answers below.**

### **Team Receiving Care from:**

### **Hospital/Clinic:** Crownpoint Pueblo Pintado Thoreau

### **Team:** ED Inpatient Outpatient Behavioral Health Lab Pharmacy Dental Diabetes Prog. Pediatric

### Women’s Health Physical Therapy Nutritionist Optometry Radiology Medical Records PRC PBC

### **Age Range:** 1-15 16-30 31-45 46-60 61-75 75>

**Indicate your answer to corresponding questions by placing an “X” in the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Survey Questions: | Yes | No |
| 1 | Our general hours of operation are from 8:00 a.m. - 4:30 p.m. ED 24 hours for Emergency visits only. I can generally get the care I need during these hours for care. |  |  |
| 2 | \*The staff were courteous. |  |  |
| 3 | The staff treated me with respect, consideration, and dignity. |  |  |
| 4 | The staff provided me with culturally sensitive care. |  |  |
| 5 | I am informed about my responsibilities as a patient (Brochures, Poster boards, handbooks). |  |  |
| 6 | \*I obtained an appointment in an appropriate timeframe. |  |  |
| 7 | When I arrived for my visit, I did not have to wait too long to be seen by my provider. |  |  |
| 8 | \*It was easy to obtain my prescription refills. |  |  |
| 9 | \*My medication was explained to me in a way that was easy to understand. |  |  |
| 10 | I know who my primary care team is. |  |  |
| 11 | I know who my primary care Provider is. |  |  |
| 12 | \*I am satisfied with the amount of time the Provider spent with me to address my health needs? |  |  |
| 13 | \*I am satisfied with how Provider understands of my health needs and concerns. |  |  |
| 14 | Did the Provider answer your health questions or concerns and explain in a way that was easy to understand? |  |  |
| 15 | Did the Provider seems to know the important information about your medical history? |  |  |
| 16 | \*Staff or Provider explained what to do if my health condition changes (gets better or worse) |  |  |
| 17 | I was given an opportunity to participate in decisions about my healthcare, except when such participation is contraindicated for medical reasons. |  |  |
| 18 | Nursing staff were helpful and responded when asked for help. (Inpatient) |  |  |
| 19 | I have trust in the Crownpoint Service Unit staff. |  |  |
| 20 | The Crownpoint Service Unit patient care areas were clean. |  |  |
| 21 | Would you recommend Crownpoint Service Unit to your family and friends? |  |  |
| 22 | \*How would you rate your overall health care experience today? Good Average Poor |  | |
| 23 | Would you like to recognize someone today whom you feel provided you extraordinary customer service? (Name/Department) |  | |
| 24 | Ideas for improvement/comments? |  | |
| 25 | Date: | | |

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