

Outpatient Survey (MD)



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: 06/2024

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).

Continue



OUTPATIENT SURVEY

0%

BACKGROUND QUESTIONS

Was this your first visit here?

- Yes
 No

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

minutes

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



OUTPATIENT SURVEY

13%

ACCESS

Ease of scheduling your appointment

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

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





OUTPATIENT SURVEY

25%

MOVING THROUGH YOUR VISIT

Degree to which you were informed about any delays

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Wait time at clinic (from arriving to leaving)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





OUTPATIENT SURVEY

38%

NURSE/NURSING ASSISTANT

How well the nurse/assistant listened to you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Concern the nurse/assistant showed for your problem

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Nursing staff's concern in assisting with control of pain

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



OUTPATIENT SURVEY

CARE PROVIDER

50%

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.

Concern the care provider showed for your questions or worries

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Explanations the care provider gave you about your problem or condition

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Care provider's efforts to include you in decisions about your care

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending this care provider to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





OUTPATIENT SURVEY

63%

PERSONAL ISSUES

Our concern for your privacy

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the staff protected your safety (by washing hands, wearing ID, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Response to concerns/complaints made during your visit

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



OUTPATIENT SURVEY

75%

OVERALL ASSESSMENT

How well the staff worked together to care for you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending NIH Clinical Center to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



OUTPATIENT SURVEY

88%

Patient's Name: (optional)

Telephone Number: (optional)

Review Answers

