|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Planning Patient Satisfaction Paper Survey** | | | | | | |
| Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time. | A picture containing clock, drawing  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | A close up of a device  Description automatically generated | A picture containing mirror  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | **?** |
| **Please circle how well we are doing in the following areas:** | **GREAT 5** | **GOOD 4** | **OK 3** | **FAIR 2** | **POOR 1** | **DON’T KNOW  N/A** |
| **Ease of getting care:** | | | | | | |
| Time between making appointment and being seen | 5 | 4 | 3 | 2 | 1 | N/A |
| Convenience of clinic hours | 5 | 4 | 3 | 2 | 1 | N/A |
| Convenience of clinic location | 5 | 4 | 3 | 2 | 1 | N/A |
| **Wait time during visit:** | | | | | | |
| Time in waiting room | 5 | 4 | 3 | 2 | 1 | N/A |
| Time in exam room | 5 | 4 | 3 | 2 | 1 | N/A |
| **Front Desk Staff:** | | | | | | |
| Courteous & Respectful | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains registration process | 5 | 4 | 3 | 2 | 1 | N/A |
| Protects your privacy | 5 | 4 | 3 | 2 | 1 | N/A |
| **Provider: (Physician, Nurse Practitioner)** | | | | | | |
| Courteous & Respectful | 5 | 4 | 3 | 2 | 1 | N/A |
| Listens to you | 5 | 4 | 3 | 2 | 1 | N/A |
| Takes enough time with you | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains what you want to know | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains medication | 5 | 4 | 3 | 2 | 1 | N/A |
| **Nurses:** | | | | | | |
| Courteous & Respectful | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains what you need to know | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains medication | 5 | 4 | 3 | 2 | 1 | N/A |
| Listens to you | 5 | 4 | 3 | 2 | 1 | N/A |
| Skill of the Nurses | 5 | 4 | 3 | 2 | 1 | N/A |
| **Lab Staff:** | | | | | | |
| Courteous & Respectful | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains what you need to know | 5 | 4 | 3 | 2 | 1 | N/A |
| Skill of the lab staff | 5 | 4 | 3 | 2 | 1 | N/A |
| **Medical Assistants:** | | | | | | |
| Courteous & Respectful | 5 | 4 | 3 | 2 | 1 | N/A |
| Clearly explains what you want to know | 5 | 4 | 3 | 2 | 1 | N/A |
| Skill of the medical assistants | 5 | 4 | 3 | 2 | 1 | N/A |
| **Payment:** | | | | | | |
| What you pay | 5 | 4 | 3 | 2 | 1 | N/A |
| Explanation of charges | 5 | 4 | 3 | 2 | 1 | N/A |
| **Facility:** | | | | | | |
| Cleanliness of clinic | 5 | 4 | 3 | 2 | 1 | N/A |
| Ease of finding where to go | 5 | 4 | 3 | 2 | 1 | N/A |
| Comfort while waiting | 5 | 4 | 3 | 2 | 1 | N/A |
| **Confidentiality:** | | | | | | |
| Keeping your personal information private during the clinic visit/exam | 5 | 4 | 3 | 2 | 1 | N/A |

**Did someone talk to you today about if or when you would like to have children (or another child)?** o Yes o No

**If yes do you feel like you left with a clear plan of next steps for the choice you made?** o Yes o No

**Did someone talk to you about your birth control during your visit today?** o Yes o No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| If yes, please rate the staff with respect to discussing your birth control options: | A picture containing clock, drawing  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | A close up of a device  Description automatically generated | A picture containing mirror  Description automatically generated | A picture containing drawing, mirror  Description automatically generated | **?** |
| **Please circle how well we are doing in the following areas:** | **GREAT 5** | **GOOD 4** | **OK 3** | **FAIR 2** | **POOR 1** | **DON’T KNOW  N/A** |
| Respecting you as a person | 5 | 4 | 3 | 2 | 1 | N/A |
| Letting you say what mattered to you about your birth control method | 5 | 4 | 3 | 2 | 1 | N/A |
| Taking your choice of birth control seriously | 5 | 4 | 3 | 2 | 1 | N/A |
| Giving you enough information to make the best decision about your birth control method | 5 | 4 | 3 | 2 | 1 | N/A |

**How did you hear about us? (check one)** o Friend o Relative o Partner o On-line

o Referral (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you like best about our clinic?**

**What do you like least about our clinic?**

**What could we have done to make your visit better today?**

**Would you recommend us to friends/family?** o Yes o No

**Thank you for completing our survey!**