

Flagler County Free Clinic

Patient Satisfaction Questionnaire

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age:

Male:

Female:

<u>Please circle how well you think we are doing in the following areas:</u>	Great 5	Good 4	OK 3	Fair 2	Poor 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours clinic is open	5	4	3	2	1
Convenience of clinic's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Staff:					
Provider: (Physician, Dentist, Nurse Practitioner)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

Please see questions on other side.

All others:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us	5	4	3	2	1

What do you like best about our clinic?

What do you like least about our clinic?

Suggestions for improvement?

If you have a specific concern you wish to discuss with our Executive Director, please include your contact information: Name: _____ Phone: _____

Thank you for completing our Survey