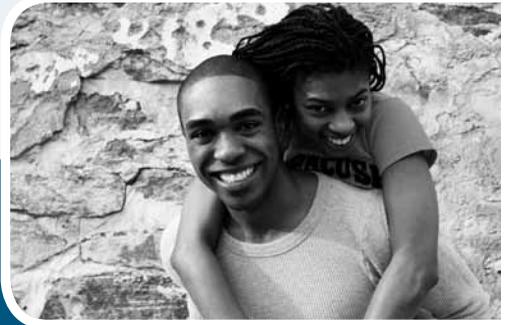


For clinic staff use only:

Unable to complete due to language (please specify language):



How was our service today?

Please take a few minutes to answer these questions. Your help is voluntary and we appreciate your feedback! Your name is not on the survey, so your answers are private. This survey is used by clinics throughout Oregon to help improve the services they offer.



Please return your completed survey to the person at the front desk. Thank you for your help!

Today's date: _____ / _____ / _____

1. What language(s) do you speak in your home? Check **ALL** that apply.
 - English
 - Spanish
 - Russian
 - Vietnamese
 - Other (please list): _____
2. Was your visit today:
 - A scheduled visit
 - A walk-in visit
3. Are you a:
 - New patient
 - Returning patient
4. What are the **TOP TWO** reasons why you came to **this** clinic?
Please check **TWO**.
 - I was referred here by another health care or service provider
 - The clinic is close by or easy to get to
 - I like the clinic staff
 - The services are confidential
 - The clinic has free or low-cost services
 - I feel like I fit in here
 - A friend or family member recommended it
 - This is the only convenient clinic
 - Other (please explain): _____

For the statements below, please circle TRUE or FALSE, or “NA” if the statement does not apply to you.

- | | | | |
|---|------|-------|----|
| 5. I was able to get an appointment as soon as I wanted | TRUE | FALSE | NA |
| 6. It was easy to make an appointment over the phone | TRUE | FALSE | NA |
| 7. I had enough time to ask questions | TRUE | FALSE | NA |
| 8. The clinic staff respected my privacy | TRUE | FALSE | NA |
| 9. The checkout process was easy | TRUE | FALSE | NA |

10. How difficult was it to get transportation to the clinic?

- Very difficult
- Somewhat difficult
- Not at all difficult

11. How did you get to the clinic today?

- Walked
- Bus or train
- Bicycle
- Drove myself (car)
- Dropped off by family or friend
- Taxi
- Other (please explain): _____

12. About how long did you wait in the waiting room? _____ minutes

13. Was this too long to wait?

- Yes
- No

14. About how long did you wait in the exam room? _____ minutes

15. Was this too long to wait?

- Yes
- No

Please indicate whether you agree or disagree with each of the following statements. If the statement does not apply to you, please mark the box under “NA.”

	Strongly agree	Agree	Disagree	Strongly disagree	NA
16. The front office staff (clerks and receptionists) treated me with dignity and respect	<input type="checkbox"/>				
17. The medical staff (nurses and/or doctors) talked with me in a way I could understand	<input type="checkbox"/>				
18. The medical staff took my concerns seriously	<input type="checkbox"/>				
19. The medical staff at this clinic understand my values	<input type="checkbox"/>				
20. I trust the medical staff to help me make decisions	<input type="checkbox"/>				
21. The medical staff care about me as a person	<input type="checkbox"/>				
22. I feel comfortable at this clinic	<input type="checkbox"/>				
23. I would recommend this clinic to friends or family	<input type="checkbox"/>				
24. This visit met my expectations	<input type="checkbox"/>				

If you have any comments you would like to add, please share them here:

25. Besides this clinic, have you been to another clinic for birth control or family planning services in the last two years?

Yes No

26. Do you have health insurance that covers primary care (non-emergency, general health services)?

Yes No I don't know

27. Where do you usually go for general health services? Check **ONE**.

- Nowhere
- This clinic
- Another clinic or doctor
- Emergency room (ER) or urgent care

28. How important is it for you to go to the same clinic for reproductive health services and general health services?

- Very important
- Somewhat important
- Not important

29. Have staff at this clinic **ever** offered you information about:

a) The Oregon Health Plan (OHP), Healthy Kids, Medicaid, or other public health insurance?

- Yes
- No
- I don't know

b) Where to go for general health services?

- Yes
- No
- I don't know

30. What clinic hours are best for you? Check **ALL** that apply.

- Standard business hours (8 a.m.–5 p.m., Monday–Friday)
- During the lunch hour
- After 5 p.m.
- Saturdays

31. What kind of reminder would you like for family planning appointments?

Check **ALL** that apply.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Card in the mail | <input type="checkbox"/> No reminders |
| <input type="checkbox"/> Reminder card at checkout | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email | |

32. What was the best thing about your visit today?

33. What is one thing we could do to make your next visit better?

Finally, we have a few questions about you:

34. What is your age? _____

35. What is your sex or current gender? Check **ALL** that apply.

Female

Male

TransMale/Transman

TransFemale/Transwoman

Genderqueer

Additional category (please specify): _____

Decline to answer

36. What sex were you assigned at birth?

Female

Male

Decline to answer

Please answer BOTH Question 37 and Question 38.

37. Are you Hispanic or Latino?

Yes

No

38. Which best describes your race? Check **ALL** that apply.

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

White

Other (please list): _____

Thank you! Please return the survey to the person at the front desk.



PUBLIC HEALTH DIVISION

Adolescent, Genetics, and Reproductive Health Section

OHA 8865 (04/2013)