

Kentucky Family Planning Patient Satisfaction Survey

Your participation for this survey is voluntary and will not affect the services you receive.

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

Date _____						?
Please circle how well we are doing in the following areas:	POOR 1	FAIR 2	OK 3	GOOD 4	GREAT 5	N/A Don't know
Ease of getting care:						
Time between making appointment and being seen	1	2	3	4	5	N/A
Convenience of clinic hours	1	2	3	4	5	N/A
Convenience of clinic location	1	2	3	4	5	N/A
Wait time during visit:						
Time in waiting room	1	2	3	4	5	N/A
Time in exam room	1	2	3	4	5	N/A
Payment:						
Explanation of charges	1	2	3	4	5	N/A
Fair charges for services	1	2	3	4	5	N/A
Facility:						
Cleanliness of clinic	1	2	3	4	5	N/A
Ease of entry and throughout the facility	1	2	3	4	5	N/A
Confidentiality/Privacy:						
Staff kept my personal information confidential during the visit	1	2	3	4	5	N/A
My privacy was protected during the clinic visit	1	2	3	4	5	N/A
Rate Provider on How You Think They Did During This Visit: (Physician, Nurse Practitioner, Midwife, Nurse)						
Respects me as a person	1	2	3	4	5	N/A
Listens to me – Let me talk about what matters to me	1	2	3	4	5	N/A
Takes my preferences about my birth control seriously	1	2	3	4	5	N/A
Gives me enough information to make the best decision about my birth control	1	2	3	4	5	N/A
Clearly explains use of medication/birth control	1	2	3	4	5	N/A
Educational information was provided/offered	1	2	3	4	5	N/A
Rate Front Desk Staff on How They Did During This Visit:						
Respects me as a person	1	2	3	4	5	N/A
Clearly explains registration process	1	2	3	4	5	N/A
Rate Other Staff on How They Did During This Visit:						
Respects me as a person	1	2	3	4	5	N/A
Clearly explains what I want to know	1	2	3	4	5	N/A

Thank you for taking our survey