

Bland County Medical Clinic

Patient Satisfaction Survey

Thank you for making us your medical home! 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! **(On a scale 5 being EXCELLENT and 1 being POOR).**

Your Age: _____
 Your Sex: Male _____ Female _____
 County you live in? _____

Your Race/Ethnicity:
 _____ Asian
 _____ Black/African American
 _____ American Indian/Alaska Native
 _____ White (Not Hispanic or Latino)
 _____ Hispanic or Latino (All Races)

Please circle how well you think we are doing in the following areas:	EXCELLENT	GOOD	OK	FAIR	POOR	N/A
	5	4	3	2	1	
Overall Visit Satisfaction						
Ability to get in to be seen	5	4	3	2	1	
Hours Clinic is open	5	4	3	2	1	
Prompt return on calls	5	4	3	2	1	
Time in waiting room	5	4	3	2	1	
Time in exam room	5	4	3	2	1	
Notification about lab or test results in a timely manner	5	4	3	2	1	
Referrals to specialist, testing, etc. made in a timely manner	5	4	3	2	1	
Ability to discuss billing or billing issues addressed	5	4	3	2	1	
Staff						
Listens to you	5	4	3	2	1	
Takes enough time with you	5	4	3	2	1	
Explains what you need to know	5	4	3	2	1	
Gives you good advice and treatment	5	4	3	2	1	
Facility						
Neat and clean building	5	4	3	2	1	
Privacy	5	4	3	2	1	
The likelihood of referring your family and to us:	5	4	3	2	1	

Do you consider this Clinic your regular source of care? Yes _____ No _____

Comments/Suggestions for Improvement: _____

Thank you for completing our Survey! We appreciate you very much.