

## Please Tell Us How We Are Doing Northeast Missouri Health Council

*To Our Patients:* We would like to know how you feel about the care you receive at our health center. We appreciate you taking a few minutes to complete this survey and return it to us. All responses will be kept confidential and anonymous.

**Your feedback is very important to us!**

If visit was for more than one patient, please indicate the number of patients here: \_\_\_\_\_

**Patient Age(s):** \_\_\_\_\_

**Sex:**  Male  Female

**Provider Name:** \_\_\_\_\_

**Are you a new patient?**  Yes  No

**Health Insurance Type:**

- Uninsured/Slide  
 Medicare  
 Medicaid/ MO HealthNet  
 Employer Insurance  
 Missouri Care, Healthcare USA or Home State  
 Private Insurance

**Please circle the answer that best answers the question for your experience.**

	GREAT	GOOD	FAIR	POOR
<b>How would you rate your overall health?</b>	4	3	2	1
<b>The likelihood of referring your friends and relatives to us</b>	4	3	2	1
<b>Ease of Getting Care</b>	GREAT	GOOD	FAIR	POOR
Health center hours work for me	4	3	2	1
Easy to find clinic	4	3	2	1
I get called back quickly	4	3	2	1
<b>Wait Time</b>	GREAT	GOOD	FAIR	POOR
Time in waiting room	4	3	2	1
Time in exam room	4	3	2	1
Waiting for test results	4	3	2	1
<b>Provider (Doctor or Nurse Practitioner)</b>	GREAT	GOOD	FAIR	POOR
Listens to you	4	3	2	1
Spends enough time with you	4	3	2	1
Answers your questions	4	3	2	1
Gives you information you can understand	4	3	2	1
<b>Nurses</b>	GREAT	GOOD	FAIR	POOR
Friendly and helpful to you	4	3	2	1
Answers your questions	4	3	2	1
Listens to you	4	3	2	1
<b>Front Desk</b>	GREAT	GOOD	FAIR	POOR
Friendly and helpful to you	4	3	2	1
<b>Facility</b>	GREAT	GOOD	FAIR	POOR
Lobby and waiting room were comfortable and clean	4	3	2	1
Exam area was comfortable and clean	4	3	2	1
Privacy	4	3	2	1
Handicap Accessibility	4	3	2	1

**Turn Over** →

<b>Experience with Today's Visit</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Did anyone talk with you about how to take your medications and explain the potential side effects?	Y	N	NA	
Do you have problems getting your medication due to cost?	Y	N	NA	
Did someone talk with you about your goals for your health?	Y	N	NA	
Do you feel your medical needs were met during today's visit?	Y	N	NA	
<b>General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
I am able to access a provider after hours	Y	N	NA	
In the last 6 months, are you satisfied with the friendliness and helpfulness of clinic staff you reached by phone?	Y	N	NA	
If you waited longer than usual for your appointment, did anyone address or acknowledge the wait time with you?	Y	N	NA	
In the last 12 months, did you need care for yourself during evenings, weekends or holidays?	Y	N	NA	
Would you like to make a medical appointment on evenings or weekends?	Y	N	NA	
In the last 12 months, did you get any reminders for tests, treatment or needed care from this provider's office between visits?	Y	N	NA	
Do you consider this clinic your regular source of primary care?	Y	N	NA	
You may need other services that we do not provide. Have we helped you find other services you may need?	Y	N	NA	
	<b>ALWAYS</b>	<b>USUALLY</b>	<b>SOMETIMES</b>	<b>NEVER</b>
In the last 12 months, when you called this provider's office to get an appointment for <b>care you needed right away</b> , how often did you get an appointment as soon as you needed?	4	3	2	1
In the last 12 months, when you made an appointment for a <b>check-up or routine care</b> with this provider, how often did you get an appointment as soon as you needed?	4	3	2	1
In the last 12 months, how often did your healthcare team encourage you to ask questions?	4	3	2	1

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**Additional Comments or Concerns:**

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**Thank you for your time!**

*Aug 2016*

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