Rural Clinic Satisfaction Survey

impr	TRUCTIONS: You or proving our services to yesents your feelings.	ou and other patie	ents by answering the	following ques	stions.	Circle the nu	mber t	hat best	in
	en you have complete ne front reception of t			e enclosed e	nvelop	oe or drop it i	n the s	urvey box	located
Nan	ne (optional):			Male or Female (circle)					
Date	e of this visit:		Was this your firs	n the Rural C	Yes	No			
Plea	ase circle the primary	Rural Clinic serv	ice/reason for your v	risit today and	d then	rate that serv	vice (ci	ircle).	
Medical Dental			Psychology	Telemedicine Psychology or Psychiatry					
Resident of area? Yes No If yes, please choose one of the following: Running Springs area Big Bear				Lake Arrowhead area Other: please list				_	
	Registration: 1. If you spoke with a Rural Clinic Representative by phone, helpfulness of the person you spoke with			very poor	poor 2	satisfactory	good 4	excellent 5	n/a
	2. How easy it was to	get an appointmer	it when you wanted.	1	2	3	4	5	
	3. Convenience of pa	rking		1	2	3	4	5	
,	4. Courtesy of Registration personnel				2	3	4	5	
	5. How well billing and	d insurance questic	ons were handled	1	2	3	4	5	
	6. Comfort of the regis	stration room		1	2	3	4	5	
	7. Waiting time in regi	stration		1	2	3	4	5	
	Comments (describe y	our experience)							
	Your Rural Clinic visit: 1. Time you spent waiting in the treatment area room			very poor	poor 2	satisfactory 3	good 4	excellent 5	n/a
		taff members show	red respect and	1	2	3	4	5	
Rura	al Clinic Satisfaction Sur	vey 5/10/2012			**Pl	ease turn ove	er to co	mplete**	

Satisfaction Survey Rural Clinic

Friendlings of the markitings (dectar marks are atitioned as	very poor	poor	satistactory	good	excellent	n/a	
psychologist) who saw you for your visit today	1	2	3	4	5		
Degree to which the practitioner demonstrated care &. compassion	1	2	3	4	5		
Degree to which other Rural Clinic staff kept you adequately informed about your treatment & recommendations	1	2	3	4	5		
Rural Clinic staff concern for your comfort	1	2	3	4	5		
Rural Clinic staff concern for your safety	1	2	3	4	5		
How well was your pain addressed?	1	2	3	4	5		
mments (describe your experience)							
me Final Ratings of the Services You Received:	very poor	poor	satisfactory	good	excellent	n/a	
Rural Clinic staff respect for your confidentiality	1	2	3	4	5		
Rural Clinic staff courtesy toward your family	1	2	3	4	5		
Cleanliness	1	2	3	4	5		
How easy was it to find the Rural Clinic	1	2	3	4	5		
•	1	2	3	4	5		
·							
If yes, Employee's name:							
res, name, address and telephone number	•						
		Best time to call					
ou would like to speak with our Quality/Risk Manager please o	all us at(ph. number)						
nank you for selecting(yo	our RHC name) as your healthcare facility!						
	Degree to which the practitioner demonstrated care &. compassion	Friendliness of the practitioner (doctor, nurse practitioner or psychologist) who saw you for your visit today	Friendliness of the practitioner (doctor, nurse practitioner or psychologist) who saw you for your visit today	Friendliness of the practitioner (doctor, nurse practitioner or psychologist) who saw you for your visit today	Friendliness of the practitioner (doctor, nurse practitioner or psychologist) who saw you for your visit today	psychologist) who saw you for your visit today	