

Rural Clinic Satisfaction Survey

INSTRUCTIONS: You or your child recently visited _____ (RHC name). Please assist us in improving our services to you and other patients by answering the following questions. **Circle the number** that best represents your feelings. Also, comment on any positive or negative experience you might have had in each area.

When you have completed the survey, please mail it back in the enclosed envelope or drop it in the survey box located in the front reception of the clinic. THANK YOU!

Name (optional): _____ Age: _____ Male or Female (circle)

Date of this visit: _____ Was this your first visit as a patient in the Rural Clinic? Yes No

Please circle the primary Rural Clinic service/reason for your visit today and then rate that service (circle).

Medical Dental Psychology Telemedicine Psychology or Psychiatry

Resident of area? Yes No
 If yes, please choose one of the following: ___ Lake Arrowhead area ___ Crestline area
 ___ Running Springs area ___ Big Bear ___ Other: please list _____

A. Registration:

very poor poor satisfactory good excellent n/a

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|--|---|---|---|---|---|-----|
| 1. If you spoke with a Rural Clinic Representative by phone, helpfulness of the person you spoke with..... | 1 | 2 | 3 | 4 | 5 | ___ |
| 2. How easy it was to get an appointment when you wanted. | 1 | 2 | 3 | 4 | 5 | ___ |
| 3. Convenience of parking..... | 1 | 2 | 3 | 4 | 5 | ___ |
| 4. Courtesy of Registration personnel..... | 1 | 2 | 3 | 4 | 5 | ___ |
| 5. How well billing and insurance questions were handled... | 1 | 2 | 3 | 4 | 5 | ___ |
| 6. Comfort of the registration room..... | 1 | 2 | 3 | 4 | 5 | ___ |
| 7. Waiting time in registration..... | 1 | 2 | 3 | 4 | 5 | ___ |

Comments (describe your experience) _____

B. Your Rural Clinic visit:

very poor poor satisfactory good excellent n/a

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|--|---|---|---|---|---|-----|
| 1. Time you spent waiting in the treatment area room..... | 1 | 2 | 3 | 4 | 5 | ___ |
| 2. Degree to which staff members showed respect and professionalism..... | 1 | 2 | 3 | 4 | 5 | ___ |

