## Patient Experience Feedback Survey

Dear Patient! According to our records, you recently visited Nature Coast Health Care. Please share your opinion about the services you received. Your response will be kept strictly confidential and will help us to provide you with better quality of care. Thank you for your help and participation in this important matter.

## PLEASE RATE THE FOLLOWING:

			Very				Does Not
A.	YOUR APPOINTMENT	Excellent	Good	Good	Fair	Poor	Apply
1.	Ease of making appointments by phone.	5	4	3	2	1	N/A
2.	Appointment available within a reasonable amount of time.	5	4	3	2	1	N/A
3.	Getting care for illness/injury as soon as you wanted.	5	4	3	2	1	N/A
4.	Getting after-hours care when you needed.	5	4	3	2	1	N/A
5.	The efficiency of the check-in process.	5	4	3	2	1	N/A
6.	Waiting time in the reception area.	5	4	3	2	1	N/A
7.	Waiting time in the exam room.	5	4	3	2	1	N/A
8.	Keeping you informed if your appointment was delayed.	5	4	3	2	1	N/A
9.	Ease of getting a referral when you needed one.	5	4	3	2	1	N/A
B.	OUR STAFF	5	4	3	2	1	N/A
1.	The courtesy of the person who took your call.	5	4	3	2	1	N/A
2.	The friendliness and courtesy of the receptionist.	5	4	3	2	1	N/A
3.	The care and concern of our nurses/medical assistants.	5	4	3	2	1	N/A
4.	The helpfulness of the people who assisted you with billing or insurance.	5	4	3	2	1	N/A
5.	The professionalism of our lab or x-ray staff.	5	4	3	2	1	N/A
C.	OUR COMMUNICATION WITH YOU	5	4	3	2	1	N/A
1.	Your phone calls answered promptly.	5	4	3	2	1	N/A
2.	Getting advice or help when needed during office hours.	5	4	3	2	1	N/A
3.	Explanation of your procedure, if applicable.	5	4	3	2	1	N/A
4.	Your test results reported in a reasonable amount of time.	5	4	3	2	1	N/A
5.	Effectiveness of our health information materials.	5	4	3	2	1	N/A
6.	Our ability to return your calls in a timely manner.	5	4	3	2	1	N/A
7.	Your ability to contact us after hours.	5	4	3	2	1	N/A
8.	Your ability to obtain prescription refills by phone.	5	4	3	2	1	N/A

D.	YOUR VISIT WITH THE PROVIDER	Very					Does Not	
	(Doctor, Physician Assistant, Nurse Practitioner)	Excellent	Good	Good	Fair	Poor	Apply	
1.	Willingness to listen carefully to you.	5	4	3	2	1	N/A	
2.	Taking time to answer your questions.	5	4	3	2	1	N/A	
3.	Amount of time spent with you.	5	4	3	2	1	N/A	
4.	Explaining things in a way you could understand.	5	4	3	2	1	N/A	
5.	Instructions regarding medication/follow-up care.	5	4	3	2	1	N/A	
6.	The thoroughness of the examination.	5	4	3	2	1	N/A	
7.	Advice given to you on ways to stay healthy.	5	4	3	2	1	N/A	
E.	OUR FACILITY							
1.	Hours of operation convenient for you.	5	4	3	2	1	N/A	
2.	Overall comfort.	5	4	3	2	1	N/A	
3.	Adequate parking.	5	4	3	2	1	N/A	
4.	Signage & directions easy to follow.	5	4	3	2	1	N/A	
F.	YOUR OVERALL SATISFACTION WITH:							
1.	Our practice.	5	4	3	2	1	N/A	
2.	The quality of your medical care.	5	4	3	2	1	N/A	
3.	Overall rating of care from your provider.	5	4	3	2	1	N/A	
WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? Yes 1 No						2		
IF N	IO, PLEASE TELL US WHY:							
IF THERE IS ANY OTHER WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:								

## VITAL INFORMATION ABOUT YOU

		ARE YOU:	A new patier	nt 1	
			A returning إ	patient 2	
<b>GENDER</b>		AGE		ETHNIC*	
Male	1	Under 18	1	Alaska Native or American Indian	1
Female	2	18-30	2	Asian	2
		31-40	3	Black or African American	3
		41-50	4	Hispanic or Latino	4
		51-60	5	Native Hawaiian or other Pacific Islander	5
		Over 60	6	White	6
				Decline to Respond	7

<sup>\*</sup>Please note that the Ethnic Diversity data allows us to track the health care of our patients who are statistically more vulnerable in the COVID-19 environment. Thank you for your kind cooperation.