Patient Satisfaction Survey

[Intended to be delivered verbally to patients]

**Introduction:** *Thank you for taking the time to complete this survey. We are interested in having you rate three separate parts of your FIT experience, including your experience with your medical provider, with the rest of the healthcare staff, and with your community health worker [name CHW]. I want you to know that the information you report to me on this survey will remain confidential and will not be shared with any of the medical staff or with your community health worker individually.*

Participant Study ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIT Location:

[ ] Piedmont Health Services (Orange County) [ ] Lincoln Health Center (Durham County)

[ ] Charlotte Community Health Clinic (Mecklenburg County) [ ] WakeBrook (Wake County)

[ ] Advance Health (Wake County)

[ ] Triad Adult & Pediatric Medicine (Guilford County)

[ ] Other (please describe)

Name of the person administering the survey:

Administration Date:

Month Day Year

*[For this first part, I want you to think about the healthcare provider at your most recent visit to the FIT clinic.]*

1. **During your most recent visit, did this provider explain things in a way that was easy to understand?**

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

1. **During your most recent visit, did this provider listen carefully to you?**

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

3a. During your most recent visit, did you talk with this provider about any health questions or concerns?

[ ] Yes

[ ] No (skip to Question 5)

3b. Did the provider ask or encourage you to ask questions about your health?

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

1. **During your most recent visit, did this provider give you easy to understand information about these health questions or concerns?**

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

1. **During your most recent visit, did this provider spend enough time with you?**

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

6a. During your most recent visit, did this provider seem to know the important information about your medical history?

[ ] Yes, definitely (skip to Question 7) [ ] Yes, somewhat (skip to Question 7) [ ] No

6b. If he/she did not seem to know the important information about your medical history, did he/she ask?

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

1. **During your most recent visit, did this provider order a blood test, x-ray, or other test for you?**

[ ] Yes

[ ] No (skip to Question 9)

1. **Did someone follow up to give you those results?**

[ ] Yes

[ ] No

1. **During your most recent visit, did this provider show respect for what you had to say?**

[ ] Yes, definitely [ ] Yes, somewhat [ ] No

1. **Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?**

Number:

1. **We just asked you about your provider, now think about your overall clinic experience. Using any number from 0 to 10, where 0 is the worst clinic experience possible and 10 is the best clinic experience possible, what number would you use to rate your overall clinic experience?**

Number:

*The next set of questions asks you about your experience at the FIT clinic. As a reminder, your responses will not be shared individually with the clinic staff but will be used to improve the FIT program overall. For each statement, I want you to choose between these options: none of the time, a little of the time, some of the time, most of the time, or always. [\*\*Survey administration note: repeat these responses options between each statement or as much as the client needs]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **Always** |
| 12 | **When I receive care at the FIT clinic, I****am asked for my ideas when we make a treatment plan.** |  |  |  |  |  |
| 13 | **When I receive care at the FIT clinic, I am sure that my doctor or nurse thought about my values, beliefs, and****traditions when they recommended treatments to me.** |  |  |  |  |  |
| 14 | **When I receive care at the FIT clinic, I am assisted in making a treatment plan that I could carry out in my daily****life.** |  |  |  |  |  |
| 15 | **When I receive care at the FIT clinic, I am contacted after a visit to see how****things are going.** |  |  |  |  |  |

*Finally, we want to ask you some questions about your experience with the Community Health Worker [provide CHW name]. As a reminder, your responses will not be shared individually with your Community Health Worker but will be used to improve the FIT program overall.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly****Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly****Agree** |
| 16 | **My Community Health Worker gives me enough time.** |  |  |  |  |  |
| 17 | **My Community Health Worker makes me feel comfortable.** |  |  |  |  |  |
| 18 | **My Community Health Worker is dependable.** |  |  |  |  |  |
| 19 | **My Community Health Worker is courteous and respectful to me.** |  |  |  |  |  |
| 20 | **My Community Health Worker listens to my problems.** |  |  |  |  |  |
| 21 | **My Community Health Worker is easy to talk to.** |  |  |  |  |  |
| 22 | **My Community Health Worker cares about me personally.** |  |  |  |  |  |
| 23 | **My Community Health Worker****figures out the important issues in my health care.** |  |  |  |  |  |
| 24 | **My Community Health Worker is easy for me to reach.** |  |  |  |  |  |