Customer Satisfaction Survey

Date: _____ Type of Visit (Please Check): ☐ Appointment ☐ Walk-in

Department Visited Today (Please Check): ☐ Medical ☐ Pharmacy ☐ Radiology ☐ Dental ☐ Laboratory ☐ Optometry ☐ Tribal Health

1. Waiting time after check-in with Patient Registration to receive care: (Please Check)

   ☐ 1-15 minutes ☐ 15-30 minutes ☐ 30-45 minutes

   ☐ 45-60 minutes ☐ If more than 1 hour, how long: _____

	Please Circle Your Answer					
2. I was treated with courtesy and respect during my visit today	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A
3. I was able to make an appointment when needed	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A
4. My questions were answered fully today	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A
5. My provider discussed my lab or x-ray results with me	Yes	No	N/A			
6. My provider or another member of my care team helps me when I have a referral for additional services (who to contact, where to go, or they help me make the appointment)	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A
7. In addition to seeing my regular primary care provider, I see a specialty provider outside the clinic for my healthcare needs	Yes	No	N/A			
8. My provider seemed well informed about the care I received from other specialists	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A
9. My provider or another member of my care team spoke with me about setting specific health goals related to my condition	1 Worst	2 Bad	3 Neutral	4 Good	5 Best	N/A

Comments:_____

_____

_____

Hand Hygiene - Did staff clean hands with soap and water or use hand sanitizer

Please Check, if applicable:	BEFORE treating you or a family member			AFTER treating you or a family member		
Medical Provider	☐ Yes	☐ No	☐ N/A	☐ Yes	☐ No	☐ N/A
Nurse or Assistant	☐ Yes	☐ No	☐ N/A	☐ Yes	☐ No	☐ N/A
Other Staff (lab or x-ray)	☐ Yes	☐ No	☐ N/A	☐ Yes	☐ No	☐ N/A

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