

How was our service today?

We care about you and want to know how we can improve our services! Please take a few minutes to answer these questions. Your name is **not** on the survey, so your answers will be private. Of course your help is voluntary! There is no penalty or loss of benefits for not answering some or all of these questions.

When you are finished, return your survey directly to the person at the front desk to receive a **gift!**

1. Is this your first visit to this clinic?

- Yes,
- No, I've been here before

2. How did you choose this clinic? (Check ALL that apply)

- The clinic is close by/easy to get to
- The quality of services
- The services are confidential
- Clinic has free or low-cost services
- I don't have insurance
- A friend/family member recommended it
- I saw an ad for the clinic
- Other (please explain): _____

3. What kind of visit did you have today?

- A scheduled visit (made an appointment)
- A walk-in visit (no appointment)

4. What was the main reason for your visit today (Check only ONE)

- PAP smear and/or annual pelvic exam
- Birth control supplies or shot
- Pregnancy test
- Sexually Transmitted Disease (STD) testing
- Emergency Contraception (EC) pills
- Primary care (general health services-not reproductive health)
- Other (please list): _____

In the next question, circle a letter grade (A to F) to tell us how satisfied you were with each service today. Circle NA for not applicable.

5. How satisfied were you with...

a. getting an appointment as soon as you wanted?

A B C D F NA

b. the process of making an appointment?

A B C D F NA

c. the courtesy and respect of the front office staff?

A B C D F NA

d. the amount of time you waited in the reception area?

A B C D F NA

e. how well the health care staff answered your questions or concerns?

A B C D F NA

6. Did you get all of the services you were expecting to receive today?

Yes

No, (please explain): _____

7. Do you have health insurance that covers primary care (non-emergency, general health services)?

Yes

No

8. Have staff at this clinic ever offered you information about Medicaid, the Oregon Health Plan, FHIAP, or other public health insurance?

Yes

No

9. Have staff at this clinic ever offered you information about where to go for general health services?

Yes

No

10. Do you consider this “your place” for reproductive health (RH) services/ birth control?

Yes, this is the only place I go for my RH/birth control needs

No, I use other clinics and/or pharmacies for my RH/birth control needs

11. **Do you have a regular source of care for general health services?**
 No, I don't go anywhere for general health services
 Yes, I come to this clinic for general health services
 Yes, I go somewhere else (not this clinic) for general health services

12. **What kind of reminder(s) would you like to receive for future appointments? (Check ALL that apply)**

- Phone call
 Card in the mail
 Email
 Text message
 No reminders
 Other: _____

13. **How likely would you be to... (Check ALL that apply)**

- Sign-up to receive text messages with reproductive health information
 Visit a website about reproductive health
 "Friend" a reproductive health Facebook or MySpace page
 Follow reproductive health "tweets" on Twitter
 Anything else you would like? _____

14. **Today's date:** ____/____/____

15. **What was the best thing about your visit today?**

16. **Name one thing we could do to make your next visit better:**

17. **Are you...**

- Female Male

18. **What is your age?** _____

19. **What best describes your race? (Check ALL that apply)**

- White
 Black or African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Other, please list: _____

20. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

21. Are you currently... (Check ALL that apply)

- Employed—Full time
- Employed—Part time
- Student
- Out of work—More than 1 year
- Out of work—Less than 1 year
- Homemaker
- Retired
- Other, please explain: _____

Thank You!