

Patient Satisfaction Survey 2-28-18

Patient Satisfaction Survey 2018
Dear Patient;

We want to know how well we are meeting your needs. Please help us to improve our services by completing this survey. Your responses will be kept confidential and anonymous.

You may complete this survey online at www.bghc.org, mail it to us at P.O Box 517, Boca Grande, FL 33921, email to info@bghc.org or fax to 941-964-2983. Thank you for your input.

There are 20 questions in this survey

Demographic Information:

Please select the answer(s) that best fits you.

1 [1]I was last seen by the Boca Grande Health Clinic...

Please choose **all** that apply:

- Within the last week
- Within the last month
- Within the last year
- More than one year ago
- Other:

2 [2]I was last seen by...

Please choose **all** that apply:

- Thomas Ervin, MD
- Lauren Hana, MD
- Raymond James, DO
- Nurse Visit
- Other:

3 [3]My age is...

Please choose **only one** of the following:

- 0-17
- 18-49
- 50-64
- 65-74
- 75+

4 [4]My gender is...

Please choose **only one** of the following:

- Female
- Male

5 [5]I am a...

Please choose **only one** of the following:

- New Patient
- Returning Patient

6 [6]I am a (select all that apply)

Please choose **all** that apply:

- Full Time Resident
- Seasonal Resident
- Island Visitor
- Island Employee

Services:

Please rate each of the following statements (Select one):

7 [7]Courtesy of registration staff

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

8 [8]Our promptness in returning calls

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

9 [9]Concern of nurse/assistant for problem

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

10 [10]Provider concern for questions/worries

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

11 [11]Provider information about medications

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

12 [12]Instructions for follow-up care

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

13 [13]Overall care received during visit

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

14 [14]Billing clear/understandable

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

15 [15]Likelihood of recommending Clinic to others

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Does Not Apply

General:

16 [16]What do you like best about the Boca Grande Health Clinic?

Please write your answer here:

17 [17]What one thing could we add or change that would make your association with the Clinic more positive?

Please write your answer here:

18 [18]Other comments or suggestions:

Please write your answer here:

19 [19]Name (Optional):

Please write your answer here:

20 [20]Date (Optional):

Please enter a date:

Thank You for Completing this Survey!

Submit your survey.

Thank you for completing this survey.