



Community Health Center of the North Country

Patient Satisfaction Survey

To ensure that we are providing you with the best quality health care services possible, we are offering you the opportunity to give us your feedback through this patient satisfaction survey.

All surveys are anonymous and can be either mailed or dropped off to the site nearest you (locations below). You can also answer the survey and submit it online on our website at www.chcnorthcountry.org under the "Patient Information" tab.

Thank you in advance for filling out this survey.

A. GENERAL INFORMATION

1. Your Age: _____

2. Your Sex: _____ Male _____ Female

3. Your Race/ Ethnicity:

_____ Asian _____ Black/African American _____ Unknown
_____ Pacific Islander _____ American Indian/Alaskan
_____ Hispanic or Latino _____ White (Not Hispanic/Latino)

4. Which of our sites do you receive services from (please circle):

Canton	Gouverneur	Ogdensburg	Malone	Watertown
4 Commerce Lane Canton, NY 13617	77 West Barney Street Gouverneur, NY 13642	102 Ford Street Ogdensburg, NY 13669	380 Creighton Road Malone, NY 12953	146L Arsenal St, Suite 8 Watertown, NY 13601

5. Which of the following service(s) do you receive from our health center

_____ Dental Care _____ Physical Therapy _____ Psychiatry/Counseling
_____ Foot Care _____ Primary Care _____ Optometry

6. Type of payment:

_____ Medicaid _____ Self-Pay (including sliding fee)
_____ Medicare _____ Private Insurance

B. ACCESS TO CARE

Very Poor Poor Fair Good Very Good

- | | | | | | |
|--|---|---|---|---|---|
| 1. Ease of scheduling your appointment | 1 | 2 | 3 | 4 | 5 |
| 2. Pleasantness of person who scheduled your appointment | 1 | 2 | 3 | 4 | 5 |
| 3. Convenience of our business hours | 1 | 2 | 3 | 4 | 5 |
| 4. Our promptness in returning your phone calls | 1 | 2 | 3 | 4 | 5 |
| 5. Do you have difficulty with transportation getting to your appointment? | | | | | |

_____ Yes _____ No

Additional comments: _____

C. DURING YOUR VISIT

Very Poor Poor Fair Good Very Good

- | | | | | | |
|--|---|---|---|---|---|
| 1. Speed of the registration process | 1 | 2 | 3 | 4 | 5 |
| 2. Courtesy of the staff in the registration area | 1 | 2 | 3 | 4 | 5 |
| 3. Comfort and pleasantness of the waiting area | 1 | 2 | 3 | 4 | 5 |
| 4. Length of wait before going into exam room | 1 | 2 | 3 | 4 | 5 |
| 5. Comfort and pleasantness of the exam room | 1 | 2 | 3 | 4 | 5 |
| 6. Friendliness/courtesy of the nurse/assistant | 1 | 2 | 3 | 4 | 5 |
| 7. Concern the nurse/assistant showed for your issue | 1 | 2 | 3 | 4 | 5 |
| 8. Wait time in exam room before seeing a provider | 1 | 2 | 3 | 4 | 5 |

Additional comments: _____

D. YOUR CARE PROVIDER	Very Poor	Poor	Fair	Good	Very Good
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1. Friendliness/courtesy of the provider	1	2	3	4	5
2. Concern the provider showed for your worries	1	2	3	4	5
3. Efforts to include you in decisions about your treatment	1	2	3	4	5
4. Information the provider gave you about medications (if any)	1	2	3	4	5
5. Degree to which you understood what the provider was saying	1	2	3	4	5
6. Amount of time the care provider spent with you	1	2	3	4	5
7. Instructions the provider gave you about follow-up care (if any)	1	2	3	4	5
8. Your confidence in this care provider	1	2	3	4	5
9. Likelihood of you recommending this care provider to others	1	2	3	4	5

Additional comments: _____

E. OVERALL ASSESSMENT	Very Poor	Poor	Fair	Good	Very Good
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1. Overall friendliness of our staff	1	2	3	4	5
2. Overall cleanliness of our health center	1	2	3	4	5
3. Overall rating of care received during your visit	1	2	3	4	5
4. Likelihood of you recommending our center to others	1	2	3	4	5

Additional comments: _____

Please see back for more questions

How did you hear about us? (Circle one): Radio – Newspaper - Online - Friend - Social Media

Have you signed up for our patient portal? Yes or No

If so, what do you like about it? _____

If not, please tell us why and how we can improve? _____

What do you feel that our health center does well? _____

What do you feel that our health center needs to improve on? _____

Additional Comments
