

Patient Satisfaction Survey

We want your feedback to improve our services. Please rate the services provided by Howard Brown Health by filling out the survey below.







Date: _____

Location of appointment: BYC Clark Halsted Sheridan 55th St 63rd St Name of the provider: _____

How did you hear about Howard Brown Health? _____

Were you satisfied with the amount of wait time it took to establish an appointment? (circle one) Yes No

Are you able to access care/an appointment when you need to? (circle one) Yes No

Please rate your experience with the following:						
Appointment Scheduling/Front Desk Staff						
1. Ease of making an appointment	Very Good	Good	Fair	Poor	Very Poor	Does not apply
2. Friendliness/courtesy of staff making appointment	Very Good	Good	Fair	Poor	Very Poor	Does not apply
3. How was the check-in for your appointment?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
4. How was the length of time waiting to see your provider?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
5. Communication about wait times	Very Good	Good	Fair	Poor	Very Poor	Does not apply
Comments/Suggestions:						
Nursing Staff (medical assistant or nurse)						
6. How was the professionalism and respectfulness of the staff?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
7. The staff's ability to be compassionate and understanding about my care needs.	Very Good	Good	Fair	Poor	Very Poor	Does not apply
8. How easy was it to talk to the nurses about your needs?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
9. The staff respected my privacy during my time with them	Very Good	Good	Fair	Poor	Very Poor	Does not apply
10. The staff kept me informed about wait times	Very Good	Good	Fair	Poor	Very Poor	Does not apply
Comments/Suggestions:						
Care Provider (doctor, physician assistant, nurse midwife, nurse practitioner, therapists, psychiatrists, behavioral health consultant or case manager)						
11. How easy was it to talk to the care provider about your needs?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
12. How easy was it to make goals for improved health?	Very Good	Good	Fair	Poor	Very Poor	Does not apply

(Over)

Site: _____ Provider: _____

Tell us about you...

Age (Years): 0-17 18-24 25-44 45-64 65 or older

Is this your first visit here? Yes No

Current Gender Cis - Male Cis-Female Transgender MTF Transgender FTM
 Gender Queer Other(specify)_____

Sex Assigned at Birth Female Male Intersex

Sexual Orientation Lesbian Gay Heterosexual Bisexual
 Questioning Queer Other (specify)_____

Relationship Status Single Partnered Married Civil Union
 Divorced/Separated Widowed Other (specify)_____

Primary Race American Indian/
Choose up to Two Alaskan Native Asian-Indian Asian-Chinese Asian-Filipino
 Asian-Other Asian-Japanese Asian-Korean Asian-Vietnamese
 Pacific Islander- Black/African American Pacific Islander- Pacific Islander-Guamanian
Samoan Pacific Islander-Other Hawaiian or Chamorro
 White/Caucasian

Ethnicity Latino-Mexican Latino-Puerto Rican Latino-Cuban Latino-Other
 Not Latino







Primary Language English Spanish Polish American Sign Language
 Other (specify)_____

Completed Level of Education 1-8 years High School GED
 2 years college 4 years college Doctorate Trade School

Living Status Permanent Housing Non-permanent Housing Homeless Institution
 Homeless Other (specify)_____

OPTIONAL: Your experience is important to us. If you would like someone to contact you about your experience, please list you name and phone number: Name: _____ Phone: (_____) _____ - _____

Site: _____ Provider: _____

14. How clear were the instructions on taking your medications (i.e. directions, dosages, starting or stopping a new prescription)?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
15. How clear were the instructions on completing any referrals you may have received?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
Care Provider (continued)						
16. Amount of time spent with your provider today?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
11. How well do you feel the provider listened to your needs?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
12. How clear were the instructions on when to make a return visit?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
Comments/Suggestions:						
Overall Experience/Facilities						
13. How are our hours of operation?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
14. How clean are our rooms and facilities?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
15. How well did we meet your expectations?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
16. How would you rate us in making you feel safe and respected?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
17. Overall, how would you rate our services?	Very Good	Good	Fair	Poor	Very Poor	Does not apply
18. How likely are you to recommend Howard Brown Health's services?	Very Likely	Likely	Possible	Not Likely	Very Unlikely	Does not apply
Comments/Suggestions:						

Please give us more feedback about your experience at Howard Brown Health.

Site: _____ Provider: _____