SURVEY INSTRUCTIONS

Please be sure to fill the response oval completely. Use only black or blue ink or No. 2 pencil to complete the survey.

START HERE

1. Were you able to get an appointment for as soon as you wanted?
   - Yes
   - No

2. Did you have to wait too long in the waiting room?
   - Yes, definitely
   - Yes, somewhat
   - No

3. How would you rate the courtesy of the office staff?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

4. Which type of health care provider was your child's appointment with?
   - Medical doctor
   - Nurse (RN)
   - Other (Please specify)

5. When you asked questions, did you get answers you could understand?
   - Yes, always
   - Yes, sometimes
   - No
   - I did not ask any questions

6. Did your child's provider give your child a chance to ask questions about his/her care?
   - Yes, completely
   - Yes, somewhat
   - No
   - Child is too young/could not ask questions

7. Did you have confidence and trust in the health care provider treating your child?
   - Yes, definitely
   - Yes, somewhat
   - No

8. Did you get as much information about your child’s condition and treatment as you wanted from your child’s health care provider?
   - Yes, definitely
   - Yes, somewhat
   - No

9. How well organized was the office you visited?
   - Not at all organized
   - Somewhat organized
   - Very organized

10. During your visit, do you believe your child received safe medical care?
    - Yes, definitely
    - Yes, somewhat
    - No

11. How would you rate the overall quality of the care your child received at this visit?
    - Poor
    - Fair
    - Good
    - Very Good
    - Excellent

12. Would you recommend this office to your family and friends?
    - Yes, definitely
    - Yes, somewhat
    - No

13. Which of the following best describes your child’s race and/or ethnicity? You can choose more than one.
    - American Indian or Alaskan native
    - Black or African-American
    - White or Caucasian
    - Native Hawaiian or other Pacific Islander
    - Asian
    - Hispanic or Latino
    - Middle Eastern
    - Other (Please describe)

Is there anything else you would like to tell us about your visit today? (Please feel free to use the back of this page)

__________________________________________________________________________

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. Please return the survey to the box provided.