



39550

Department of Plastic Surgery

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## Children's Hospital Boston

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Time

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 AM  
 PM

## 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

## ABOUT YOUR CHILD

**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)

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