



Community Health Center Annual Patient Survey

1. Are you a new patient?
 Yes
 No
2. What is your gender?
 Female
 Male
3. What is your age?
 0 – 17
 18 – 35
 36 – 45
 46 – 55
 56 – 65
 66+
4. How do you rate the convenience of the hours our office is open?
 Excellent Very Good Good Fair Poor
5. How do you rate the ease of getting an appointment?
 Excellent Very Good Good Fair Poor
6. How do you rate the ease of the registration process?
 Excellent Very Good Good Fair Poor
7. How do you rate the friendliness of our registration staff?
 Excellent Very Good Good Fair Poor
8. How do you rate the friendliness of our clinical staff?
 Excellent Very Good Good Fair Poor
9. How do you rate the helpfulness of our clinical staff?
 Excellent Very Good Good Fair Poor
10. How do you rate our concern for your privacy?
 Excellent Very Good Good Fair Poor



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11. How do you rate the waiting time for your provider to enter the room for your appointment?

- Excellent Very Good Good Fair Poor

12. How do you rate your provider's professionalism?

- Excellent Very Good Good Fair Poor

13. How do you rate your provider's responsiveness to your concerns and questions?

- Excellent Very Good Good Fair Poor

14. How do you rate your provider's explanation of your plan of care in understandable terms?

- Excellent Very Good Good Fair Poor

15. How do you rate your understanding of testing that is ordered?

- Excellent Very Good Good Fair Poor

16. How likely are you to recommend this provider to your family/friends?

- Excellent Very Good Good Fair Poor

17. How do you rate the promptness when we return your phone calls?

- Excellent Very Good Good Fair Poor

18. How do you rate the timeliness of test results?

- Excellent Very Good Good Fair Poor

19. How do you rate the accessibility of our office location?

- Excellent Very Good Good Fair Poor

20. How do you rate the cleanliness of our facility?

- Excellent Very Good Good Fair Poor



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21. How do you rate the degree of safety and security of our facility?

- Excellent Very Good Good Fair Poor

22. Are you aware of our Sliding Fee Discount Program that reduces fees based on family size and income?

- Yes No

23. Have you delayed or avoided receiving care from us because you cannot afford the cost of our services?

- Yes No

24. If you have delayed or avoided care due to the cost of care, have you either applied for the Sliding Fee Scale Discount Program or discussed your financial situation with a member of our staff?

- Yes No

25. Would a nominal fee of \$30 cause you to delay or avoid care because you could not afford \$30?

- Yes No

26. If a nominal fee of \$30 would cause you to delay or avoid care, what amount would you consider affordable?

- \$25 \$20 \$10 \$5 \$0 (zero)

27. What did you like best about our clinic?

28. What are your suggestions for improvement?



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