



PCC Community Wellness Center Patient Satisfaction Survey

Today's Date _____

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Please circle the site where you receive your medical care:

LAKE AUSTIN SALUD ERIE COURT
SOUTH NORTH AVE. WEST TOWN



Please circle how well you think we are doing in the following areas	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A
Ease of getting care						
Ability to get in to be seen	5	4	3	2	1	N/A
Hours center is open	5	4	3	2	1	N/A
Convenience of center's location	5	4	3	2	1	N/A
Ease of using telephone system	5	4	3	2	1	N/A
Waiting						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
Waiting for tests to be performed	5	4	3	2	1	N/A
Waiting time on the phone	5	4	3	2	1	N/A
Prompt return on calls	5	4	3	2	1	N/A
Staff						
<i>All Staff</i>						
Respectful of your culture	5	4	3	2	1	N/A
Were you able to communicate with the staff in the center in your preferred language?	YES			NO*		
*If NO, what is your preferred language? _____						
<i>Provider</i>	Provider's Name _____					
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Gives you good advice and treatment	5	4	3	2	1	N/A
Explains what you want to know	5	4	3	2	1	N/A

Please circle how well you think we are doing in the following areas	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A
<i>Behavioral Health</i> (Social Worker, Psychiatrist, Psychologist)	Provider's Name _____					
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Gives you good advice and treatment	5	4	3	2	1	N/A
Explains what you want to know	5	4	3	2	1	N/A
<i>Nurses and Medical Assistants</i>						
Friendly and helpful to you	5	4	3	2	1	N/A
Answers your questions	5	4	3	2	1	N/A
Gives good care	5	4	3	2	1	N/A
<i>Front Desk Staff</i>						
Friendly and helpful to you	5	4	3	2	1	N/A
Answers your questions	5	4	3	2	1	N/A
<i>All Others</i> (Diabetic Educator, Health Educator, Nutritionist)	Staff Member's Name _____					
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Gives you good advice and treatment	5	4	3	2	1	N/A
Explains what you want to know	5	4	3	2	1	N/A
Payment						
Explanation of charges	5	4	3	2	1	N/A
Collection of payment/money	5	4	3	2	1	N/A
Facility						
Neat and clean building	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
Comfort and safety while waiting	5	4	3	2	1	N/A
Privacy	5	4	3	2	1	N/A
Confidentiality						
Keeping my personal information private	5	4	3	2	1	N/A
How likely are you to refer your friends and family to us?	Definitely ☺	Probably	Don't know	Probably not	No way ☹	
Do you consider this center your regular source of care?	YES			NO		

What do you like best about our center?

What do you like least about our center?

Suggestions for improvement?

Was there any staff member that was particularly helpful? Yes No

If yes, who? _____

WOULD YOU LIKE TO TALK TO SOMEONE FURTHER ABOUT YOUR EXPERIENCES AT THE CENTER?

NO

YES

Name: _____
(Optional)

Phone Number: _____
(Optional)

Thank you for completing our Survey!