

Patient Satisfaction Survey

Five components to a good survey

- ✓ Quality of care
- ✓ Accessibility and convenience of getting the care
- ✓ Experience receiving the care (interacting with the health professional)
- ✓ Overall satisfaction
- ✓ Future behavior: intent to return and/or recommend

Other options to include are:

- ✓ Profile of patients
- ✓ How patients found or heard about your facility
- ✓ Other activity in the store or their store relationship

We recommend a seven-point scale to allow for score differentiation

1. Overall, what is your perception of the quality of care that you received?
 - a. Excellent quality
 - b. Very good quality
 - c. Good quality
 - d. Neutral
 - e. Poor quality
 - f. Very poor quality
 - g. Extremely poor quality

2. From the time you wanted to see a care provider at our clinic – how long was the wait?
 - a. No wait – I was seen immediately
 - b. No wait – my care provider was available for me at my scheduled time
 - c. 0-15 minute wait
 - d. 15-30 minute wait
 - e. 30-45 minute wait
 - f. 45-60 minute wait
 - g. More than 60 minute wait

3. How satisfied were you with the wait time?
 - a. Very Satisfied
 - b. Satisfied
 - c. Somewhat satisfied
 - d. Neutral
 - e. Somewhat dissatisfied
 - f. Dissatisfied
 - g. Very Dissatisfied

(3b. If a clinic is seeking information about the waiting experience or check-in experience, these questions go here. For example: “We asked you to sign the clinic register with your first name and time you arrived and time you preferred to be seen. Was this registering experience satisfactory?” Or, “We asked you to check in at our kiosk...” or, “We offered you a pager while you waited to allow you to shop...”)

4. I thought my health care provider really listened to me.
 - a. Agree completely
 - b. Agree
 - c. Agree somewhat
 - d. Neutral
 - e. Disagree somewhat
 - f. Disagree
 - g. Disagree completely

5. I thought my health care provider really understood my health issue.
 - a. Agree completely
 - b. Agree
 - c. Agree somewhat
 - d. Neutral
 - e. Disagree somewhat
 - f. Disagree
 - g. Disagree completely

6. I thought my health care provider treated me with courtesy and respect.
 - a. Agree completely
 - b. Agree
 - c. Agree somewhat
 - d. Neutral
 - e. Disagree somewhat
 - f. Disagree
 - g. Disagree completely

7. Overall, I was satisfied with the care, diagnosis, and treatment I received from my healthcare provider.
 - a. Agree completely
 - b. Agree
 - c. Agree somewhat
 - d. Neutral
 - e. Disagree somewhat
 - f. Disagree
 - g. Disagree completely

8. I would use this clinic again if needed.

- a. Agree completely
- b. Agree
- c. Agree somewhat
- d. Neutral
- e. Disagree somewhat
- f. Disagree
- g. Disagree completely

9. I would recommend this clinic to my family and/or friends.

- a. Agree completely
- b. Agree
- c. Agree somewhat
- d. Neutral
- e. Disagree somewhat
- f. Disagree
- g. Disagree completely

Optional questions

10. Is there anything you'd like to share about your experience visiting this clinic?

11. If you would like to share your name and contact information, please enter it below.

12. How did you hear about the clinic? Select as many as apply.

- a. Saw the clinic in the store
- b. My doctor/nurse told me about this service
- c. Store personnel told me about this service
- d. Pharmacist told me about this service
- e. I saw an advertisement
- f. I read or heard about this in the media
- g. I can't recall

13. Do you have a regular family doctor?

- a. Yes – I have a good relationship with my doctor
- b. Yes – but I don't have much of a relationship with my doctor
- c. No – I don't have a doctor relationship

14. Do you have insurance?

- a. No
- b. Yes – PPO
- c. Yes – HMO
- d. Yes – high deductible
- e. Yes – but I don't know what type

15. Is the clinic that you visited in the store where you **usually** buy prescriptions?

- a. Yes
- b. No

16. Is the clinic that you visited in the store where you **sometimes** buy prescriptions?

- a. Yes
- b. No

17. When you were in the store visiting the clinic, which of the following did you purchase?

- a. A prescription drug
- b. A non-prescription drug (like aspirin)
- c. Other items
- d. I didn't purchase anything else