



# West Caldwell Health Council Patient Satisfaction Survey

19. Answered your questions in a way you could understand. ....

## Nurses, Medical Assistants.

**Response Definition: P=Poor F=Fair G=Good VG=Very Good**

	P	F	G	VG
20. Listened to you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Friendly and helpful to you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Answered your questions in a way you could understand. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Healthcare Provider- the person who took care of you today

23. Listened to you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Spent enough time with you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Answered your questions in a way you could understand. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Was friendly and helpful to you. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Gave you information you could understand. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Considered your personal and family beliefs. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Involves other doctors and caregivers in your care when needed. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Gives you good advice and treatment. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## General information.

**Response Definition: Y=Yes N=No DK=Don't know**

	Y	N	DK
31. Have you ever been given information on what it means to have a "medical home"? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do you feel we are your medical home? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. If you may need other services that we don't provide, did we help you find the care you needed?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. If you have been referred to a specialist or community resource did you find them helpful? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Would you send your family and friends to us? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Experience with Today's Visit.

**Response Definition: Y=Yes N=No DK=Don't know**

	Y	N	DK
36. Did someone talk with you about your health goals today? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Were you asked today if you had visits with other healthcare providers since your last visit with us? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Were you helped with making appointments to see other providers or for specialty care? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave blank if this doesn't apply. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Comments.

39. What one thing could we do to make your visits better? Please share any other comments or feedback.