

1. At which clinic were you seen today?
- Anza       Palm Springs
  - Barstow     Pechanga
  - Morongo     San Manuel
  - Pechanga    Soboba
  - Mobile Medical Unit
  - Torres-Martinez

2. Did you have a scheduled appointment today?
- Yes       No       Walk-in
- Date of Visit \_\_\_\_\_

3. Did you find that it was:
- A. Easy for you to schedule your appointment?
- Yes       No
- B. Easy for you to reach a clinical receptionist on the telephone?
- Yes       No
- C. Easy for you to schedule a time convenient for you?
- Yes       No

4. When you checked in, do you believe the Registration Clerk was:
- Friendly     Yes       No

5. When you arrived, do you believe the Clinical Receptionist was:
- A. Friendly       Yes       No
- B. Able to answer your questions
- Yes       No
- C. Were you informed of an expected wait time by the clinical receptionist?
- Yes       No

6. How long was your wait before you were called to the exam room?
- Your Estimated Number of Minutes
- 0-15    15-30    30-45    45-60    60+

7. Which service(s) did you receive today?
- Behavioral Health Services
  - Chiropractic
  - Dental
  - Diabetes Clinic
  - Eye Care
  - Laboratory
  - Medical
  - Nutrition
  - Outreach
  - Pharmacy
  - WIC
  - X-Ray
  - Other \_\_\_\_\_

8. Did you use the Patient Transportation Escort Service for this visit?
- Yes       No
- If so, from which city were you picked up?
- \_\_\_\_\_

9. Who was your Health Care Provider for this visit?
- \_\_\_\_\_

10. Was your Health Care Provider:
- Friendly     Yes       No
11. Did your Health Care Provider spend enough time with you today?
- Yes       No
12. Did your Health Care Provider explain your condition or treatment plan to you in a way you could understand?
- Yes       No
13. Did your Health Care Provider answer all your questions in a way you could understand?
- Yes       No
14. Who was your Nurse or other Clinical Assistant today?
- \_\_\_\_\_
15. Was your Nurse or other Clinical Assistant :
- Friendly     Yes       No
16. Did your Nurse or other Clinical Assistant spend enough time with you today?
- Yes       No
17. Did your Nurse or other Clinical Assistant explain your condition or treatment plan to you in a way you could understand?
- Yes       No
18. Did they answer all your questions for you?
- Yes       No

19. Did you go to the Pharmacy for this visit?  
 Yes  No

20. If, yes, How long was your wait?  
Your Estimated Number of Minutes  
0-15 15-30 30-45 45-60 60+

21. Was this for a new prescription?  
 Yes  No

22. If no, Was this for a refill prescription?  
 Yes  No

23. Were you provided a medication consultation?  
 Yes  No

If yes, by whom:  
 Pharmacist  
 Healthcare Provider  
 Nurse or Clinical Assistant  
 Other? \_\_\_\_\_

24. Was the Pharmacist:  
 Friendly  Helpful

25. How satisfied were you with your overall visit today?  
 Very Satisfied  
 Somewhat Satisfied  
 It was OK  
 Somewhat Unsatisfied  
 Very Unsatisfied

Why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. If you have another choice, do you plan to:  
 Continue to use our Health Center  
 Go somewhere else

27. What was your overall impression of the Health Center that you visited?  
 Excellent-Very Clean  
 Good-Clean  
 Acceptable-OK  
 Less than Acceptable-Needs some cleaning  
 Poor-Not what I expect from a Health Center

28. Do you feel that your health information is confidential when you visit us?  
 Yes  No  
 Never thought about it

29. Is there anything else you would like us to know about your recent visit? Anything that we can do to improve the delivery of our healthcare services?

\_\_\_\_\_  
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Thank you for taking the time to complete this questionnaire. We realize it was time consuming; however, we appreciate your responses. We can only improve our services when we receive feedback from our patients. You are one more opportunity for us to be successful.



RIVERSIDE-SAN BERNARDINO COUNTY

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## PATIENT SATISFACTION QUESTIONNAIRE

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 confidential, yet play an important role in helping the leaders of this organization continually seek out opportunities to improve. Thank you.

