



IBHP

Integrated Behavioral Health Project






Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your response will help us improve our services. There is no right or wrong answer; we are asking for your honest opinions. In no way will your responses affect your treatment here. Thank you for your time!

	YES	NO
Who did you see today? <i>(You may choose "yes" for more than one staff member.)</i>		
Doctor	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Therapist/Care Manager	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS: For statements 1 through 9, please circle the number that best describes your answer.

	Strongly Agree (5)	Agree (4)	Neither Agree, Nor Disagree (3)	Disagree (2)	Strongly Disagree (1)	N/A Doesn't Apply (0)
1. I am satisfied with the amount of time staff spent with me during my visit.	5	4	3	2	1	0
2. My beliefs about health and well-being were considered as part of the help (services) that I received.	5	4	3	2	1	0
3. I would follow through if I were referred outside this clinic for mental health services.	5	4	3	2	1	0
4. Any concerns I may have had regarding my mental health treatment plan were quickly taken care of.	5	4	3	2	1	0
5. Treatment and information were provided to me in a language or way I could easily understand.	5	4	3	2	1	0
6. I am comfortable receiving mental health services here at this clinic.	5	4	3	2	1	0
7. I am treated the same as other people who get care at the clinic.	5	4	3	2	1	0

	 Strongly Agree (5)	 Agree (4)	 Neither Agree, Nor Disagree (3)	 Disagree (2)	 Strongly Disagree (1)	N/A Doesn't Apply (0)
8. I prefer to receive my mental health services at the location where I receive my medical care.	5	4	3	2	1	0
9. I feel I am learning the skills I need to deal with my problems.	5	4	3	2	1	0

About how long did you have to wait in the waiting room PAST the time of your scheduled appointment?

- Did NOT have to wait
 Less than 5 minutes
 5 to 15 minutes
 16 to 30 minutes
 31 minutes to 1 hour
 More than 1 hour

Was this your first visit to the clinic? YES NO → If no, how many visits have you had? _____
visits

What is your gender? Female Male What is your age? _____
years

What has helped you the most in dealing with your mental health concerns? _____

What suggestions do you have for improvement? _____

THANK YOU!

