**Primary Care Clinic 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 response affect your treatment here. Thank you for your time**!

**Date of visit: Who did you see today?** (you may choose more than one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Always** | **Most of the time** | **Some of the time** | **Rarely** | **Never** | **NA** |
| **I feel welcomed and comfortable at the clinic.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel I am able to access care when I need it** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel respected and listened to by the staff** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel the staff takes time to explain and educate me.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel I am involved in my care and included in the decision making regarding my treatment.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel the staff has an understanding of my health care needs and successfully coordinates care with my other healthcare providers** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel the staff encourages me to develop my health goals if needed** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel the staff encourages and welcomes the input and support of my family**  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel my health information is kept confidential and shared only as necessary with other healthcare providers involved in my care.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **I feel the staff sees me as a whole person and addresses multiple needs when necessary** |  |  |  |  |  |  |

**What suggestions do you have for improvement?**

**THANK YOU!**

***Source: Coastal Behavioral Healthcare Inc. and SAMHSA***