

# Orcas Family Health Center Survey

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Month and year \_\_\_\_\_

- 1 Did you get your appointment in a favorable timeframe?  
YES NO
- 2 Was the length of time waiting for your appointment less than 15 minutes?  
YES NO
- 3 Do our office hours meet your needs?  
YES NO
- 4 Was the time spent with the provider long enough for the reason you were scheduled?  
YES NO
- 5 Did the provider give a thorough explanation of what was done for you?  
YES NO
- 6 Were you confident with the technical skills of the provider who saw you?  
YES NO
- 7 How did you perceive the personal manner of the provider?  
Excellent Very Good Good Fair Poor
- 8 How did you perceive the personal manner of the nursing staff?  
Excellent Very Good Good Fair Poor
- 9 How did you perceive the personal manner of the reception staff?  
Excellent Very Good Good Fair Poor
- 10 Are you comfortable that your privacy and confidentiality are protected and respected?  
Excellent Very Good Good Fair Poor
- 11 How would you rate your visit overall?  
Excellent Very Good Good Fair Poor
- 12 Would you recommend Orcas Family Health Center to others?  
YES NO

We invite you to comment on any aspect of the medical care and other services our clinic provides. This valuable feedback helps us assess our internal processes and enhance our services.

Would you like us to contact you? YES NO

Stating your name is optional unless you would like a staff member to contact you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your input.