

Northern Valley Indian Health-Patient Satisfaction Survey



Dear Patient: We want every patient to have a positive experience every time they come to our clinic. We would like to know how *you* think we are doing. Please take a few minutes to fill out this survey and drop it off at the comment box on your way out. **Thank you for your valued opinion.**

Please circle the Clinic and Department where you received your care today:

**CHICO CHILDREN'S CENTER PRENATAL CENTER WILLOWS WOODLAND RED BLUFF MOBILE DENTAL CLINIC
MEDICAL DENTAL BEHAVIORAL HEALTH COMMUNITY HEALTH OUTREACH**

Please circle your response to each of the questions below based on your visit today:

1. All the staff at this office were as helpful as I thought they should be.	Strongly agree	Agree	Disagree	Strongly disagree
2. All the staff at this office were friendly to me.	Strongly agree	Agree	Disagree	Strongly disagree
3. The staff at this office addressed my concerns adequately.	Strongly agree	Agree	Disagree	Strongly disagree
4. I was educated on how to schedule my next appointment if I did not make an appointment after my visit today.	Strongly agree	Agree	Disagree	Strongly disagree
5. I felt comfortable asking the staff questions.	Strongly agree	Agree	Disagree	Strongly disagree
6. When I called for an appointment, the date(s) I was offered were within a reasonable time frame for me.	Strongly agree	Agree	Disagree	Strongly disagree
7. I was given an appointment when I wanted it.	Strongly agree	Agree	Disagree	Strongly disagree
8. I feel confident that my personal information is kept private.	Strongly agree	Agree	Disagree	Strongly disagree
9. Charges were explained to me clearly. (if applicable)	Strongly agree	Agree	Disagree	Strongly disagree

Would you recommend the clinic to others? Please circle your response below.

Yes No

If not, why not? _____

Please check your race:

Native American Non-Native American

Do you have any comments you would like to share? _____
