

County: _____ Site: _____ Today's Date: _____

Client Survey

Instructions: In order to serve you better, we want to know what you think about the care you are receiving from the Oklahoma State Department of Health. **Your answers are confidential and anonymous.** Please return this survey to the receptionist before you leave today. Remember to answer the questions on the back side of this sheet. **THANK YOU!**

What is the main purpose of *today's visit*? _____

The person receiving services today is...

Gender: Male Female **Age:** _____ years old

Ethnicity: Hispanic Non-Hispanic

Race: African American American Indian Asian
 Pacific Islander Caucasian/White Other (specify: _____)

Was *today's visit* scheduled (Check one box)

- Less than one week in advance?
- More than one week, but less than a month in advance?
- More than a month in advance?
- A walk-in visit with no advance scheduling?

What is/are the best day(s) and time(s) for you to come to the clinic (check all that apply)?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Morning Lunch Afternoon Dinner Evening

How much time was spent in the waiting room before being seen for your visit?

- 15 minutes or less 16-30 minutes 31-45 minutes 46 minutes-1 hour Over 1 hour

PLEASE COMPLETE THE QUESTIONS ON THE BACK SIDE OF THIS PAGE

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Please rate *this clinic* for the following:

Check one box for each item:	Excellent	Very Good	Good	Fair	Poor	N/A
Hours of operation						
The cleanliness of the building						
The ease of getting in and out of the building						
The ease of moving around inside of the building						
Exam room						
Waiting room						
Restroom						
Other (specify: _____)						

If you rated the clinic as "Fair" or "Poor," please explain: _____

Please rate the following staff for customer service:

Check one box for each item:	Excellent	Very Good	Good	Fair	Poor	N/A
Person who answered the phone when the appointment was made						
Receptionist/person at the front desk today						
Medical practitioner/person who did the exam						
Nursing Staff						
Other staff (specify: _____)						

If you rated the staff as "Fair" or "Poor," please explain: _____

Thinking about this *visit today*, please rate your satisfaction of the following?

Check one box for each item:	Excellent	Very Good	Good	Fair	Poor	N/A
Total length of time spent in the clinic today						
Amount of time staff spent with you during this visit						
Staff explained services						
Staff answered your questions in a way that you could understand						
Explanation of potential side effects of medication						
Privacy was protected						
Other staff (specify: _____)						
The visit overall						

If you rated your visit today as "Fair" or "Poor," please explain: _____

Is there any health information that you did not receive today that you would want to receive? Yes No

If yes, please list _____
 Comments: _____
