

Davie County Health Department
PATIENT SATISFACTION SURVEY

Clinic Appointment Type:

Child
Health

Family
Planning

Maternal
Health

General

WIC

BCCCP

Appointment Date:	Appointment Time:	Arrival Time:	Check Out Time:

Please answer all questions to help us serve you better.

What is the main reason for your visit today?

How did you learn of our services?

Do you have any comments or suggestions to improve our services?

Have you experienced any problems when you have called the health department?

Do you prefer the ability to be able to call or walk in to the clinic to be seen?

Do you prefer to schedule an appointment ahead of time to be seen on a future date?

Do you have any suggestions that would improve our services for you and your family?

Please rate our services today:	Excellent 4	Good 3	Fair 2	Poor 1
Did we schedule an appointment time that was convenient for you?				
How was the check-in process?				
Did you have enough time to get your questions answered?				
Please rate your satisfaction with the following:	Excellent 4	Good 3	Fair 2	Poor 1
Nutritionist				
Clerical / Office staff				
Nursing				
Medical provider (MD / PA / NP)				
How would you rate your waiting time today?				
How would you rate confidential services?				
Please rate the overall quality of today's service(s).				