



CLIENT SATISFACTION SURVEY

We want to know what you *honestly* think of Central Montana Family Planning. This information will help improve our program to serve you better. Please answer the following questions and *do not* sign your name. Thank you. ☺

1. Your age: _____ Female or Male?: _____
2. Have you *ever* been here before today? Yes _____ No _____
3. What services were you here for today? Check all that apply:

_____ Birth Control Supplies	_____ Medical Exam
_____ Counseling	_____ Pregnancy Test
_____ Depo Injection	_____ Preliminary ("Prelim") or Medical History Visit
_____ Immunization	_____ STD Screening or Treatment
_____ Infection Screening	_____ STD Treatment
_____ Other (please explain) _____	
4. How was the wait time before you were seen for your appointment today?
 Fine _____ Somewhat too long _____ Too Long _____
5. How quickly were you greeted upon check in?
 Greeted immediately _____ Acknowledged but staff was busy with another patient _____
 It seemed like I waited a while _____ I had to knock on the window: _____
6. How long was your clinic visit today?
 15-25 minutes _____ 30-45 minutes _____ 1-2 hours _____ Over 2 hours _____
7. Was it the amount of time you expected at your appointment?
 About what I expected _____ Longer _____ Shorter _____
8. How would you describe the clinic Open hours?
 Convenient _____ In convenient _____
 Very difficult for me (because?) _____
9. How would you describe the days and hours exams are available?
 Convenient _____ In convenient _____
 Very difficult for me (because?) _____
10. How long ago did you schedule today's appointment?
 Less than 2 weeks ago _____ Less than a month ago _____
 Less than 6 weeks ago _____ Less than 3 days ago _____ Today _____
11. If your appointment was pre-scheduled by the nurse or other staff member with a notice mailed to you, did you find this helpful? _____ Yes _____ No Convenient? _____ Yes _____ No or Not applicable _____



12. Which of the following best describes Front Desk staff or Billing staff? Check as many as you would like.

- | | | |
|-------------------------------|----------------------------------|-------------------|
| Attentive _____ | Caring _____ | Cold _____ |
| Concerned _____ | Courteous _____ | Efficient _____ |
| Friendly _____ | Helpful _____ | Inattentive _____ |
| Inefficient _____ | Pushy _____ | Rude _____ |
| Rushed _____ | Uncaring _____ | Unconcerned _____ |
| Uneducated for my needs _____ | Well-educated for my needs _____ | |

13. Which of the following best describes Clinical staff (provider who did your exam)? Check as many as you would like.

- | | | |
|-------------------------------|----------------------------------|-------------------|
| Attentive _____ | Caring _____ | Cold _____ |
| Concerned _____ | Courteous _____ | Efficient _____ |
| Friendly _____ | Helpful _____ | Inattentive _____ |
| Inefficient _____ | Pushy _____ | Rude _____ |
| Rushed _____ | Uncaring _____ | Unconcerned _____ |
| Uneducated for my needs _____ | Well-educated for my needs _____ | |

14. Which of the following best describes RN or Educational staff? Check as many as you would like.

- | | | |
|-------------------------------|----------------------------------|-------------------|
| Attentive _____ | Caring _____ | Cold _____ |
| Concerned _____ | Courteous _____ | Efficient _____ |
| Friendly _____ | Helpful _____ | Inattentive _____ |
| Inefficient _____ | Pushy _____ | Rude _____ |
| Rushed _____ | Uncaring _____ | Unconcerned _____ |
| Uneducated for my needs _____ | Well-educated for my needs _____ | |

15. How was your experience with the following?

	Excellent	Good	Fair	Poor	N A
Medical staff who did your exam:					
Education & counseling you received:					
The person you spoke with on the phone:					
The person who helped you at the Front Desk:					

If Fair or Poor, why?

16. What suggestion(s) do you have to improve the Waiting Room (if any)? _____

17. Do you use the pamphlets in the Waiting Room? Yes _____ No _____

18. What types of materials would you like to see in the Waiting Room? _____

19. How do you feel about the pamphlets and other literature (such as instruction sheets) you received from the clinic?

- | | | |
|--------------------------|-------------------------------------|---------------|
| Easy to understand _____ | Hard to Understand _____ | Helpful _____ |
| Not Helpful _____ | Did not receive any pamphlets _____ | |

20. Do you feel you received enough educational information? Yes _____ No _____



Central Montana Family Planning
505 West Main St, Suite 108 - Lewistown, MT 59457
(406) 535-8811 phone & fax
<http://www.cmtfp.org>

21. If No, what information would you like to have received? _____
22. Do you feel comfortable contacting the Front Desk Staff any time you have concerns or questions?
Yes _____ No _____ Sometimes _____
23. Do you feel comfortable contacting the Health Educator any time you have concerns or questions?
Yes _____ No _____ Sometimes _____
24. Do you feel comfortable contacting the Nurse any time you have concerns or questions?
Yes _____ No _____ Sometimes _____
25. Do you feel comfortable contacting the Director any time you have concerns or questions?
Yes _____ No _____ Sometimes _____
26. Which of the following best describes your feelings?
I like coming to the clinic _____ I do not mind coming to the clinic _____
I do **not** like coming to the clinic _____ Why not? _____
27. How would you describe the clinic? (Check all that apply)
Easy to locate _____ Clean, Comfortable, Pleasant _____ Dingy and Old _____
Uncomfortable _____ It doesn't matter to me what it looks like _____
My privacy and confidentiality are maintained _____ Parking is difficult to find _____
28. Would you recommend the clinic to others? Yes _____ No _____
Why or why not? _____
29. If Female, did you know we provide services to males? Yes _____ No _____
30. Would you recommend our clinic to your partner? Yes _____ No _____
Why or why not? _____
31. How do you feel about being offered a discount based on your income, and our request to provide your income?
Like it _____ Dislike _____ Makes me feel uncomfortable _____
32. How do you feel about being asked for donations?
Like it _____ Dislike _____ Makes me feel uncomfortable _____
33. Why do you think we ask everyone for a donation?
Because we need donations to remain open: Yes _____ No _____ Don't Know _____
34. Do you feel our full charges are:
Too High _____ Too Low _____ Just Right _____
35. If you were unable to make a cash donation for your services and supplies, would you offer volunteer hours helping at the clinic instead? Yes _____ No _____



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36. If Yes, how many hours could you commit to helping us? (If interested please tell the Front Desk staff)
1-2 hours per week _____ 1-2 hours per month _____ 3-5 hours per week _____
3-5 hours per month _____ More _____
37. Did you know we have a website (<http://www.cmtfp.org>)? Yes _____ No _____
38. If you've used our website, what for?
____ Order Supplies ____ Get Forms (for appointment) ____ Get Information (about clinic)
____ Make an Appointment (via email) ____ Ask the Nurse questions (via email)
____ Ask the Health Ed questions (via email) ____ Ask Billing questions (via email)
39. Did you know we have a Facebook (<http://www.facebook.com/pages/Lewistown-MT/Central-Montana-Family-Planning/90852748170>) page? Yes _____ No _____
A MySpace (<http://www.myspace.com/CMTFP>) page? Yes _____ No _____
A Twitter (<http://twitter.com/CMTFP>) page? Yes _____ No _____
Would you visit either for information? Yes _____ No _____
40. What would you suggest to improve our website, Facebook, or MySpace page (if anything)? _____

41. Would you like the option to pay your bill and/or make donations through our website online via PayPal?
Yes _____ No _____
If Yes, would you be more likely to donate if you could do so online via PayPal? Yes _____ No _____
42. Additional Comments: