The Primary Care Satisfaction Survey for Women

Dear Patient,

To provide the best care possible to you, please tell us how we are doing by answering the questions below. For each question, darken the circle ○ that best describes your visit and how you feel about your care here. Your responses are confidential and your name will not be recorded with this survey.

Thank you!

I. About You:

a. What is your current age?

- ○ 18 – 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 to 64 years
- ○ 65 years or older

b. In the last 12 months (including today), how many visits did you make to any doctor's offices, clinics, or other places to get health care for yourself? Do not count times you were hospitalized overnight.

Number of visits: _____

c. How many of these visits were to this office or clinic? (If none, write in 0)

Number of visits here: _____

d. How long have you been coming to this office or clinic for your health care? (Check one answer.)

- ○ This is my first visit
- ○ Less than one year
- ○ Between one and two years
- ○ More than two years

e. Is this office or clinic the place you usually go when you are sick or want advice about your health? (Check one answer.)

- ○ Yes, I go here
- ○ No, I go to another place
- ○ I do not have a usual place for my health care

f. Do you have a regular doctor or health professional you usually go to when you are sick or want advice about your health?

- ○ Yes
- ○ No → **Go to Question "i"**

g. What type of doctor or health professional is this? (Check one answer.)

- ○ Family doctor or general practitioner
- ○ Internal medicine doctor
- ○ Obstetrician or gynecologist
- ○ Another type of doctor (What type? _____)
- ○ Nurse practitioner
- ○ Nurse midwife
- ○ Physician assistant
- ○ Other (What type? _____)

h. Do you usually see this doctor or health professional here at this office or clinic?

- ○ Yes
- ○ No

i. In the last 12 months, have you seen an obstetrician or gynecologist for any of your health care?

- ○ Yes
- ○ No

j. What is the main reason for your visit here today? (Check one answer.)

- ○ Prenatal or postpartum care
- ○ Routine exam or screening tests
- ○ Treatment for a new health problem or injury
- ○ Follow-up care for an ongoing health problem

II. Satisfaction with your Visit Today

We are interested in your opinions about **your visit today** and about the care you received from the health professionals (the doctors and nurses) and staff. Please rate each of the following things about this visit. (Mark one answer for each item).

	Not At All satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied
a. The courtesy of the staff……	○	○	○	○	○
b. The staff's flexibility in scheduling my appointment around my needs……..…….	○	○	○	○	○
c. Privacy when talking to the receptionist	○	○	○	○	○
d. How well the staff kept you informed about the waiting time……...	○	○	○	○	○
e. Help with scheduling my next visit…..	○	○	○	○	○
f. The chance to talk to my health professional with my clothes on……	○	○	○	○	○
g. The amount of time I had to talk with my health professional……...……	○	○	○	○	○
h. My health professional's ability to answer questions in a sensitive and caring way……	○	○	○	○	○
i. My health professional's ability to explain things clearly…….	○	○	○	○	○
j. My health professional's ability to help me feel comfortable talking about my concerns…….	○	○	○	○	○
k. The chance to ask all of my questions...	○	○	○	○	○
l. My health professional's ability to take what I say seriously……...	○	○	○	○	○
m. My health professional's willingness to explain different options for my care…	○	○	○	○	○
n. My health professional's interest in how my life affects my health……...	○	○	○	○	○

III. Your Visits in the Last 12 Months

Now please rate all of the care you have received at this office or clinic **during the last 12 months**. If this is your first visit here, please tell us about today. (Mark one answer for each item).

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied
a. The health professionals' focus on prevention……..	○	○	○	○	○
b. The health professionals' knowledge of women's health issues……...	○	○	○	○	○
c. The information I get about healthy living (such as diet and exercise)……...	○	○	○	○	○
d. The health professionals' interest in my mental and emotional health……..……	○	○	○	○	○
e. Help with finding information resources in women's health……..	○	○	○	○	○
f. How well my health care fits my stage of life……..……	○	○	○	○	○
g. Information about how to get the results of my tests……..	○	○	○	○	○
h. How well the health professionals explain the results of tests or procedures...	○	○	○	○	○
i. The chance to get both gynecological and general health care here……..	○	○	○	○	○
j. My overall trust in the health professionals here……..	○	○	○	○	○

Thank you for completing this survey.

Please place it in the return envelope for mailing. Thank You!