Volunteers In Medicine Clinic
Eugene, Oregon

Patient Survey

1. Why did you come to the clinic?
   a. Recent illness
   b. Chronic illness
   c. Injury
   d. Chronic pain
   e. Mental health
   f. Other (please explain) __________________

On a scale of 1 to 5 where “1” is not at all and “5” is very much, please rate your experience. Please use this scale for the following series of questions.

2. Was the Front Office staff helpful during your visit?
   1  2  3  4  5

3. Was treatment helpful for you?
   1  2  3  4  5

4. Do you feel the provider understood you?
   1  2  3  4  5

5. Do you feel the provider was respectful of your cultural background?
   1  2  3  4  5

6. Were services provided in your preferred language?
   1  2  3  4  5

7. Did you receive enough treatment?
   1  2  3  4  5

8. Were you able to follow your provider's treatment plan?
   1  2  3  4  5
9. Overall, were you satisfied with your medical care?
   
   1  2  3  4  5

10. Overall, are you satisfied with the clinic?
   
   1  2  3  4  5

11. Would you recommend this clinic to others?
   
   1  2  3  4  5

12. How would you rate the following areas of the clinic?
   
   a. Clinic Hours   Satisfied  Needs Improvement
       1  2
   b. Eligibility Screening  1  2
   c. Appointment availability  1  2
   d. Front office staff  1  2
   e. Time in lobby waiting for appointment  1  2
   f. Nursing staff  1  2
   g. Doctor visit  1  2
   h. Specialist referrals  1  2
   i. Blood draw  1  2
   j. Dispensary staff  1  2
   k. PAP Rx  1  2
   l. Location of the clinic  1  2

13. How did you get to the clinic?
   
   a. Drive
   b. Bus
   c. Ride
   d. Other (please explain) _________________