



North Hudson Community Action Corporation
Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time!

Your Age: _____

Your Race / Ethnicity: ___ Asian

___ Pacific Islander

Your Sex: Male: _____

___ Black/African American

___ American Indian/Alaska Native

Female: _____

___ White (Not Hispanic or Latino)

___ Hispanic or Latino (All Races)

___ Unknown



Please Circle how well you think we are doing in the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1
CUSTOMER SERVICE					
Are you satisfied with the hours NHCAC is open for appointments?	5	4	3	2	1
Is your overall wait time acceptable?	5	4	3	2	1
Is staff friendly and helpful to you?	5	4	3	2	1
Were charges explained to you?	5	4	3	2	1
COMPREHENSIVENESS OF CARE (NHCAC Staff)					
Do they listen to you?	5	4	3	2	1
Do they take enough time with you?	5	4	3	2	1
Do they explain your diagnosis and treatment?	5	4	3	2	1
Do they explain your medications?	5	4	3	2	1
Do they review goals of your treatment?	5	4	3	2	1
Do they follow up on results in a timely manner?	5	4	3	2	1
Do you feel involved in your treatment plan?	5	4	3	2	1
Is information provided in your language and learning style?	5	4	3	2	1
CONTINUITY OF CARE					
Do you have the ability to be seen by your provider of choice?	5	4	3	2	1
Do members of your Care Team return your phone calls?	5	4	3	2	1

(Please complete survey on reverse side)

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CONFIDENTIALITY					
Is your privacy respected?	5	4	3	2	1
Is your personal information kept private?	5	4	3	2	1
COORDINATED CARE					
Were you provided with a copy of your visit summary?	Yes	No	--	--	--
COMMUNITY HEALTH CENTER					
Do you feel comfortable and safe while waiting?	Yes	No	--	--	--
Would you refer your friends or family to us?	Yes	No	--	--	--
Do you consider NHCAC your primary care home?	Yes	No	--	--	--
OVERALL PATIENT EXPERIENCE					
How would you rate your experience and satisfaction at NHCAC?	5	4	3	2	1

What do you like best about NHCAC?

Suggestions for improvement?

Thank you for your feedback!