

19. Did you go to the Pharmacy for this visit?
 Yes No

20. If, yes, How long was your wait?
Your Estimated Number of Minutes
0-15 15-30 30-45 45-60 60+

21. Was this for a new prescription?
 Yes No

22. If no, Was this for a refill prescription?
 Yes No

23. Were you provided a medication consultation?
 Yes No

If yes, by whom:

- Pharmacist
- Healthcare Provider
- Nurse or Clinical Assistant
- Other? _____

24. Was the Pharmacist:
 Friendly Helpful

25. How satisfied were you with your overall visit today?
 Very Satisfied
 Somewhat Satisfied
 It was OK
 Somewhat Unsatisfied
 Very Unsatisfied

Why:

26. If you have another choice, do you plan to:
 Continue to use our Health Center
 Go somewhere else

27. What was your overall impression of the Health Center that you visited?
 Excellent-Very Clean
 Good-Clean
 Acceptable-OK
 Less than Acceptable-Needs some cleaning
 Poor-Not what I expect from a Health Center

28. Do you feel that your health information is confidential when you visit us?
 Yes No
 Never thought about it

29. Is there anything else you would like us to know about your recent visit? Anything that we can do to improve the delivery of our healthcare services?

Thank you for taking the time to complete this questionnaire. We realize it was time consuming; however, we appreciate your responses. We can only improve our services when we receive feedback from our patients. You are one more opportunity for us to be successful.

If drop your completed survey in the drop box located in your clinic reception area.



RIVERSIDE-SAN BERNARDINO COUNTY

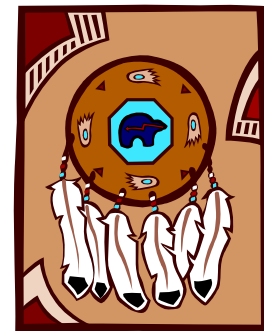
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PATIENT SATISFACTION QUESTIONNAIRE

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 confidential, yet play an important role in helping the leaders of this organization continually seek out opportunities to improve. Thank you.



1. At which clinic were you seen today?
- Anza Palm Springs
 - Barstow Pechanga
 - Morongo San Manuel
 - Pechanga Soboba
 - Mobile Medical Unit
 - Torres-Martinez

2. Did you have a scheduled appointment today?
- Yes No Walk-in
- Date of Visit _____

3. Did you find that it was:
- A. Easy for you to schedule your appointment?
- Yes No
- B. Easy for you to reach a clinical receptionist on the telephone?
- Yes No
- C. Easy for you to schedule a time convenient for you?
- Yes No

4. When you checked in, do you believe the Registration Clerk was:
- Friendly Yes No

5. When you arrived, do you believe the Clinical Receptionist was:
- A. Friendly Yes No
- B. Able to answer your questions
- Yes No
- C. Were you informed of an expected wait time by the clinical receptionist?
- Yes No

6. How long was your wait before you were called to the exam room?
- Your Estimated Number of Minutes
- 0-15 15-30 30-45 45-60 60+

7. Which service(s) did you receive today?
- Behavioral Health Services
 - Chiropractic
 - Dental
 - Diabetes Clinic
 - Eye Care
 - Laboratory
 - Medical
 - Nutrition
 - Outreach
 - Pharmacy
 - WIC
 - X-Ray
 - Other _____

8. Did you use the Patient Transportation Escort Service for this visit?
- Yes No
- If so, from which city were you picked up?
- _____

9. Who was your Health Care Provider for this visit?
- _____

10. Was your Health Care Provider:
- Friendly Yes No
11. Did your Health Care Provider spend enough time with you today?
- Yes No
12. Did your Health Care Provider explain your condition or treatment plan to you in a way you could understand?
- Yes No
13. Did your Health Care Provider answer all your questions in a way you could understand?
- Yes No
14. Who was your Nurse or other Clinical Assistant today?
- _____
- _____
15. Was your Nurse or other Clinical Assistant :
- Friendly Yes No
16. Did your Nurse or other Clinical Assistant spend enough time with you today?
- Yes No
17. Did your Nurse or other Clinical Assistant explain your condition or treatment plan to you in a way you could understand?
- Yes No
18. Did they answer all your questions for you?
- Yes No