

## Patient Exit Survey

We want to know if we're doing a good job providing health care to patients your age. Please complete this two-minute survey to let us know. Your comments will be used to make improvements to our clinic and health care services. This survey is completely **CONFIDENTIAL**. Your individual answers will not be shared with anyone.

\* 1. What is your age?

Patient Exit Survey

Ages 14-17 \_\_\_\_\_

\* 2. Which clinic did you visit today?

\_\_\_\_\_

\_\_\_\_\_

VT Ages 14-17

\* 3. What is your sex/gender?

\* 4. What is your race/ethnicity?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- Multiracial
- Other (please specify)

\* 5. Why did you come into the clinic today?

- Physical or Check-Up
- Sick Visit
- Mental Health Visit
- Other (please specify)

\* 6. Is this the first time you met the provider (doctor or nurse) you saw today?

- Yes
- No

\* 7. At today's visit, did the provider (doctor or nurse)....

|   | Yes                   | No                    | Not sure              | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| ask about your physical health (such as healthy weight, exercise, body changes) <u>and</u> mental health (feeling sad, stressed, anxious or being in unsafe relationships)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| let you know that certain things you talked to them about will be <u>kept confidential</u> (meaning that what you talked about would not be shared with anyone else)?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <u>spend enough</u> time with you?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 8. Did your provider talk with you about sensitive topics today (such as bullying, use of tobacco, alcohol, or drugs, sexual orientation, gender identity, sexual activity, depression, suicide, safe relationships)?

- Not at all
- One or two topics
- Several topics

\* 9. If your provider didn't talk with you about any sensitive topics today, would you want them to?

- Yes
- No
- My provider talked about the topics I was interested in

\* 10. Did your provider talk with you about your strengths or what is going well for you (such as things you like to do, participation in sports or other activities, helping others, making healthy decisions on your own, getting along with people, spiritually)?

- Not at all
- One or two topics
- Several topics



\* 13. Please give your opinion about getting health care at this clinic.

|   | Disagree              | Somewhat disagree     | Not Sure              | Somewhat agree        | Agree                 | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| At this clinic, I can get information to better understand issues affecting my health.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I can be honest when talking to my provider (doctor or nurse) about my health, personal life, and activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know what health services I can get on my own without my parents knowing or saying it is OK ("confidential services").  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know how to contact my provider (doctor or nurse) or the clinic if I have any questions or concerns.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The waiting area is welcoming to teens like me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The front desk staff are welcoming to teens like me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend this clinic to other teens like me.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 14. What is your overall satisfaction with your visit today?

| Not at all satisfied  | Slightly dissatisfied | Neither dissatisfied or satisfied (neutral) | Slightly satisfied    | Very satisfied        |
|-----------------------|-----------------------|---|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> | <input type="radio"/> |

15. What did you like most about the visit today?

Survey

16. What would have made the visit better for you?

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17. Is there anything else you would like to share?

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Thank you for completing this survey and helping us improve our clinic!