

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** and **ANONYMOUS**. Your answers will not be shared with anyone.

Which clinic did you visit today? : _____

1. What is your age?

2. What is your gender/sex?

| | | |
|------|--------|------------------|
| Male | Female | Another Identity |
|------|--------|------------------|

3. 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 |
|-----------------------------------|-------|---------------------------|--------------------|---|-------|-------------|-------|

4. Why did you come into the clinic today?

| | | | |
|----------------------|------------|---------------------|-------|
| Physical or Check-Up | Sick Visit | Mental Health Visit | Other |
|----------------------|------------|---------------------|-------|

5. What is your overall satisfaction with your visit today?

| | | | | | | | | | |
|---------------|---|---|---|---|----------------|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not satisfied | | | | | Very satisfied | | | | |

6. At today's visit, did the provider (doctor or nurse)...

| | Definitely Yes | Mostly Yes | Mostly No | Definitely No | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <u>listen carefully</u> to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. ask about your physical <u>and</u> mental health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. talk <u>privately</u> with you (without your parent/guardian in the room)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. <u>explain things</u> in a way you can understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. <u>spend enough time</u> with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. make you <u>feel comfortable</u> to ask any type of question? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

7. Please give your opinion about getting health care at this clinic.

| | Definitely Yes | Mostly Yes | Mostly No | Definitely No |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. At this clinic, I can get information to better understand issues affecting my health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel that I can be completely honest when talking to my provider (doctor or nurse) about my health, personal life, and activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this survey and helping us improve our clinic!
 This tool adapted from NST2 AYA Satisfaction Survey



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| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| c. I know what health services I can get on my own without my parents knowing or saying it is OK ("confidential services"). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I know how to contact my provider (doctor or nurse) or the clinic if I have any questions or concerns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The reception area and office staff are welcoming to young people like me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Would you recommend this clinic to other young people like yourself?

| | | | |
|-----------------------|-------------------|------------------|----------------------|
| <i>Definitely Yes</i> | <i>Mostly Yes</i> | <i>Mostly No</i> | <i>Definitely No</i> |
|-----------------------|-------------------|------------------|----------------------|

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

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