

Yale
NewHaven
Health
Greenwich
Hospital

MEDICAL PRACTICE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope

Please rate your visit on: 07/ 2019

BACKGROUND QUESTIONS

- | | |
|--|---|
| <p>1. Was this your first visit here? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>2. How many minutes did you wait after your scheduled appointment time before you were called to an exam room? 1150
minutes</p> | <p>3. How many minutes did you wait in the exam room before you were seen by a doctor, physician assistant (PA), nurse practitioner (NP), or midwife? 110
minutes</p> |
|--|---|

INSTRUCTIONS: Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS

- | | |
|---|--|
| | very poor poor fair good very good
1 2 3 4 5 |
| 1. Ease of scheduling your appointment | <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 2. Ease of contacting (e.g., email, phone, web portal) the clinic | <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |

Comments (describe good or bad experience): Sure wait time 10 months. Really!!

MOVING THROUGH YOUR VISIT

- | | |
|---|--|
| | very poor poor fair good very good
1 2 3 4 5 |
| 1. Degree to which you were informed about any delays | <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| 2. Wait time at clinic (from arriving to leaving) | <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

Comments (describe good or bad experience): this is not the Dmv? Its the hospital. You call make a appt. and you wait almost 3HR. after your appt to be seen. and I wait 10 months for the appt. I can not believe that is they way its Don!! Horrible!!

NURSE/ASSISTANT

- | | |
|---|--|
| | very poor poor fair good very good
1 2 3 4 5 |
| 1. How well the nurse/assistant listened to you | <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |



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NURSE/ASSISTANT (continued) very poor 1, poor 2, fair 3, good 4, very good 5

2. Concern the nurse/assistant showed for your problem

Comments (describe good or bad experience): _____

CARE PROVIDER very poor 1, poor 2, fair 3, good 4, very good 5

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

1. Concern the care provider showed for your questions or worries
2. Explanations the care provider gave you about your problem or condition
3. Care provider's efforts to include you in decisions about your care
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)
5. Likelihood of your recommending this care provider to others

Comments (describe good or bad experience): _____

PERSONAL ISSUES very poor 1, poor 2, fair 3, good 4, very good 5

1. Our concern for your privacy
2. How well the staff protected your safety (by washing hands, wearing ID, etc.)
3. Response to concerns/complaints made during your visit

Comments (describe good or bad experience): Oh well, just have a seat, wait your turn. For Greenwich - I am disgusted!

OVERALL ASSESSMENT very poor 1, poor 2, fair 3, good 4, very good 5

1. How well the staff worked together to care for you
2. Likelihood of your recommending our practice to others

Comments (describe good or bad experience): I went there because of my IUS. only dermatologist around. I have a life too waiting that long.

Patient's Name: (optional) _____

Telephone Number: (optional) _____

