Central Montana Family Planning
505 West Main St, Suite 108 - Lewistown, MT 59457
(406) 535-8811 phone & fax
http://www.cmtfp.org

CLIENT SATISFACTION SURVEY

We want to know what you ***honestly*** think of Central Montana Family Planning. This information will help improve our program to serve you better. Please answer the following questions and ***do not*** sign your name. Thank you. ☺

1. Your age:_____ Female or Male?:_____

2. Have you ***ever*** been here before today? Yes_____ No_____

3. What services were you here for today? Check all that apply:
   _____Birth Control Supplies
   _____ Counseling
   _____ Depo Injection
   _____ Immunization
   _____ Infection Screening
   _____ Medical Exam
   _____ Pregnancy Test
   _____ Preliminary ("Prelim") or Medical History Visit
   _____ STD Screening or Treatment
   _____ STD Treatment
   _____ Other (please explain)_____

4. How was the wait time before you were seen for your appointment today?
   Fine_____ Somewhat too long_____Too Long_____

5. How quickly were you greeted upon check in?
   Greeted immediately _____ Acknowledged but staff was busy with another patient _____
   It seemed like I waited a while _____ I had to knock on the window:_____

6. How long was your clinic visit today?
   15-25 minutes_____ 30-45 minutes_____ 1-2 hours_____ Over 2 hours_____

7. Was it the amount of time you expected at your appointment?
   About what I expected_____ Longer_____ Shorter_____

8. How would you describe the clinic Open hours?
   Convenient_____ In convenient_____
   Very difficult for me (because?)_____

9. How would you describe the days and hours exams are available?
   Convenient_____ In convenient_____
   Very difficult for me (because?)_____

10. How long ago did you schedule today's appointment?
    Less than 2 weeks ago_____ Less than a month ago_____
    Less than 6 weeks ago_____ Less than 3 days ago_____ Today_____

11. If your appointment was pre-scheduled by the nurse or other staff member with a notice mailed to you, did you find this helpful? _____ Yes _____ No Convenient? _____ Yes _____ No or Not applicable _____

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12. Which of the following best describes Front Desk staff or Billing staff? Check as many as you would like.

Attentive_____ Caring_____ Cold_____
Concerned_____ Courteous _____ Efficient_____
Friendly_____ Helpful_____ Inattentive_____
Inefficient_____ Pushy_____ Rude_____
Rushed_____ Uncaring _____ Unconcerned_____
Uneducated for my needs_____ Well-educated for my needs_____

13. Which of the following best describes Clinical staff (provider who did your exam)? Check as many as you would like.

Attentive_____ Caring_____ Cold_____
Concerned_____ Courteous _____ Efficient_____
Friendly_____ Helpful_____ Inattentive_____
Inefficient_____ Pushy_____ Rude_____
Rushed_____ Uncaring _____ Unconcerned_____
Uneducated for my needs_____ Well-educated for my needs_____

14. Which of the following best describes RN or Educational staff? Check as many as you would like.

Attentive_____ Caring_____ Cold_____
Concerned_____ Courteous _____ Efficient_____
Friendly_____ Helpful_____ Inattentive_____
Inefficient_____ Pushy_____ Rude_____
Rushed_____ Uncaring _____ Unconcerned_____
Uneducated for my needs_____ Well-educated for my needs_____

15. How was your experience with the following?

	Excellent	Good	Fair	Poor	N A
Medical staff who did your exam:					
Education & counseling your received:					
The person you spoke with on the phone:					
The person who helped you at the Front Desk:					
If Fair or Poor, why?					

16. What suggestion(s) do you have to improve the Waiting Room (if any)? _____
_____

17. Do you use the pamphlets in the Waiting Room? Yes _____ No _____

18. What types of materials would you like to see in the Waiting Room? _____

19. How do you feel about the pamphlets and other literature (such as instruction sheets) you received from the clinic?

Easy to understand_____ Hard to Understand_____ Helpful_____
Not Helpful_____ Did not receive any pamphlets _____

20. Do you feel you received enough educational information? Yes_____ No_____

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21. If No, what information would you like to have received? _____

22. Do you feel comfortable contacting the Front Desk Staff any time you have concerns or questions?
    Yes_____ No_____ Sometimes_____

23. Do you feel comfortable contacting the Health Educator any time you have concerns or questions?
    Yes_____ No_____ Sometimes_____

24. Do you feel comfortable contacting the Nurse any time you have concerns or questions?
    Yes_____ No_____ Sometimes_____

25. Do you feel comfortable contacting the Director any time you have concerns or questions?
    Yes_____ No_____ Sometimes_____

26. Which of the following best describes your feelings?
    I like coming to the clinic_____I do not mind coming to the clinic_____
    I do ***not*** like coming to the clinic_____Why not?_____

27. How would you describe the clinic? (Check all that apply)
    Easy to locate_____ Clean, Comfortable, Pleasant_____ Dingy and Old_____
    Uncomfortable_____ It doesn't matter to me what it looks like_____
    My privacy and confidentiality are maintained_____ Parking is difficult to find_____

28. Would you recommend the clinic to others? Yes_____ No_____
    Why or why not?_____

29. If Female, did you know we provide services to males? Yes_____ No_____

30. Would you recommend our clinic to your partner? Yes_____ No_____
    Why or why not?_____

31. How do you feel about being offered a discount based on your income, and our request to provide your income?
    Like it_____ Dislike_____ Makes me feel uncomfortable _____

32. How do you feel about being asked for donations?
    Like it_____ Dislike_____ Makes me feel uncomfortable_____

33. Why do you think we ask everyone for a donation?
    Because we need donations to remain open: Yes _____No_____ Don't Know _____

34. Do you feel our full charges are:
    Too High_____ Too Low_____ Just Right____

35. If you were unable to make a cash donation for your services and supplies, would you offer volunteer hours helping at the clinic instead? Yes_____ No_____

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36. If Yes, how many hours could you commit to helping us? (If interested please tell the Front Desk staff)
    1-2 hours per week_____ 1-2 hours per month_____ 3-5 hours per week_____
    3-5 hours per month_____ More_____

37. Did you know we have a website (http://www.cmtfp.org)? Yes_____ No_____

38. If you've used our website, what for?
    ____ Order Supplies ____ Get Forms (for appointment) ____ Get Information (about clinic)
    ____ Make an Appointment (via email) ____ Ask the Nurse questions (via email)
    ____ Ask the Health Ed questions (via email) ____ Ask Billing questions (via email)

39. Did you know we have a Facebook (http://www.facebook.com/pages/Lewistown-MT/Central-Montana-Family-Planning/90852748170) page? Yes_____ No_____
    A MySpace (http://www.myspace.com/CMTFP) page? Yes_____ No_____
    A Twitter (http://twitter.com/CMTFP) page? Yes_____ No_____
    Would you visit either for information? Yes_____ No_____

40. What would you suggest to improve our website, Facebook, or MySpace page (if anything)? _____
    _____
    _____

41. Would you like the option to pay your bill and/or make donations through our website online via PayPal?
    Yes_____ No_____
    If Yes, would you be more likely to donate if you could do so online via PayPal? Yes_____ No_____

42. Additional Comments: