

Patient Satisfaction Survey

Help us learn more about who attends our programs and your experience in them.
The information you provide is confidential. **Please do not write your name.**
Completing any or all of this form is optional.

1. I am...years old

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older

2. I identify as a...

- Woman
- Man
- Trans person
- Other Gender _____ (Please specify).

3. In general, how would you rate your health? Please choose only one answer.

- Excellent
- Very good
- Good
- Poor
- Very poor

Please mark an "X" in the box that best gives your opinion on the following statements.

	Strongly Agree 	Agree 	Disagree 	Strongly Disagree 
4. Because of this Group Medical Visit...				
I am ready to take steps to improve my health				
I am willing to take steps to improve my health				
I am able to take steps to improve my health				
I am committed to do work now, even if the benefits might occur later				

Please mark an "X" in the box that best shows your opinion on the following statements.

	Strongly Agree 	Agree 	Disagree 	Strongly Disagree 
The information discussed was easy to understand.				
The information discussed was important to me.				
I was able to ask questions when I needed to.				
I felt comfortable asking questions and talking with the group.				
I felt comfortable with the healthcare team.				
I received enough personal attention from the healthcare team.				
It was helpful to hear from other participants.				
I enjoyed the group learning.				
The visit was well-organized.				
The length of time for the visit was just right.				
The group visit met the visit goals (see above).				
I would recommend this type of visit to others.				

Best part of the visit:	
Changes you would make:	
Other comments:	