



## Patient Survey

We would like to know how you feel about the services Lee County Cooperative Clinic provides so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: \_\_\_\_\_

Your Sex: \_\_\_\_\_ Male  
 \_\_\_\_\_ Female

Do you have health insurance?  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No

Your Race/Ethnicity:

\_\_\_\_\_ Asian  
 \_\_\_\_\_ Pacific Islander  
 \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ American Indian/Alaskan  
 \_\_\_\_\_ White  
 \_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Unknown

Please check the appropriate box that corresponds with how you feel about each of the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1
<b>Ease of getting care:</b>					
Ability to get in to be seen					
Hours LCCC is open					
Convenience of LCCC's location					
Prompt return of calls					
<b>Waiting:</b>					
Time in waiting room					
Time in exam room					
Waiting for test to be performed					
Waiting for test results					
<b>Staff: Physician, Dentist, Advanced Nurse Practitioner (APN)</b>					
Listens to you					
Takes enough time with you					
Explains what you want to know					
Gives you good advice and treatment					
<b>Staff: Nurses &amp; Dental Assistants</b>					
Friendly and helpful to you					
Answers your questions					
<b>Staff: Front Desk</b>					
Friendly and helpful to you					
Answers your questions					
<b>Payment:</b>					
Do you think your fees are reasonable					
Explanation of charges and discount fees					
Collection of payment/money					

Continued on back →

Please check the appropriate box that corresponds with how you feel about each of the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1
<b>Facility:</b>					
Neat and clean building					
Ease of finding where to go					
Comfort and safety while waiting					
Privacy					
<b>Confidentiality:</b>					
Keeping your personal information private					
The likelihood of referring your friends and family to us					
Do you consider LCCC your regular source of care?					

What do you like best about LCCC?

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What do you like least about LCCC?

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What can we do to improve your experience at LCCC?

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If you would like to recognize a staff member who provided you with outstanding service, please let us know by writing his or her name below.

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