



LĀNAʻI COMMUNITY HEALTH CENTER

Patient Satisfaction Survey * Please answer ALL questions*

We would like to know how you feel about the services we provide 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 ___

Your Race/Ethnicity: ___ Asian ___ Pacific Islander ___ American Indian/Alaska Native
___ Black/African American ___ White (Not Hispanic or Latino)
___ Hispanic or Latino (All Races) ___ Unknown

Appointment? ___ Same Day? ___ Walk-in? ___

Name of Provider: Joseph Humphry, MD ___ Randy Kam, DDS ___
Jennifer Hashimoto, APRN ___ Sean Benson, DDS ___
Jared Medeiros, APRN ___ Cori Takesue, PsyD ___
Kris Aceret, APRN ___ Margaret Mendoza, PsyD ___
Other: _____

Do you consider this center your regular source of care? Yes ___ No ___



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Staff:					
<i>Provider: (Physician, Behavioral Health, Dentist, Nurse Practitioner)</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses, Medical Assistants and Dental Assistants::					
Friendly and helpful to you	5	4	3	2	1



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Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Answers your questions	5	4	3	2	1
Health Educator, Case Manager, Outreach-Eligibility, and all other					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Interpretation/Translation Services	5	4	3	2	1

Payment :					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Appointment days and hours	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

NOTE: Please provide SPECIFIC DETAIL for any item rated 3 or below: _____

What do you like best about our center? _____

What do you like least about our Center? _____

Suggestions for improvement: _____

Provide information ONLY if you would like us to contact you:

Name: _____ Email: _____ Telephone #: _____

Thank you for completing our Survey!