

# **Mtn. View Family Practice**

## **Patient Satisfaction Survey**

### **Your Privacy is Protected**

All information that would let someone identify you or your family will be kept private. Mtn. View Family Practice will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**.

### **Your Participation is Voluntary**

You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

### **What To Do When You're Done**

Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to Mtn. View Family Practice.

If you want to know more about this satisfaction survey, please call  
Jessica at (503)665-1010 ext. 107

## **Survey Instructions**

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, go to #1 on page 1**  
 No

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## Your Provider

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1. Our records show that you got care from the provider named below in the last 12 months.

Paul Podett, MD

Is that right?

- <sup>1</sup> Yes  
<sup>2</sup> No → **If No, go to #26 on page 4**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?
- <sup>1</sup> Yes  
<sup>2</sup> No
3. How long have you been going to this provider?
- <sup>1</sup> Less than 6 months  
<sup>2</sup> At least 6 months but less than 1 year  
<sup>3</sup> At least 1 year but less than 3 years  
<sup>4</sup> At least 3 years but less than 5 years  
<sup>5</sup> 5 years or more

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## Your Care From This Provider in the Last 12 Months

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These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?
- None → **If None, go to #26 on page 4**
- 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
5. In the last 12 months, did you phone this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?
- <sup>1</sup> Yes  
<sup>2</sup> No → **If No, go to #7**
6. In the last 12 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?
- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #9**

8. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #11**

10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

11. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #13**

12. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

14. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

15. In the last 12 months, how often did this provider listen carefully to you?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

16. In the last 12 months, did you talk with this provider about any health questions or concerns?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #18**

17. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

18. In the last 12 months, how often did this provider seem to know the important information about your medical history?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

19. In the last 12 months, how often did this provider show respect for what you had to say?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

20. In the last 12 months, how often did this provider spend enough time with you?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

21. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #23**

22. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

0 Worst provider possible

1

2

3

4

5

6

7

8

9

10 Best provider possible

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## Clerks and Receptionists at This Provider's Office

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24. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

25. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

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## About You

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26. In general, how would you rate your overall health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

27. In general, how would you rate your overall **mental or emotional** health?

- <sup>1</sup> Excellent
- <sup>2</sup> Very good
- <sup>3</sup> Good
- <sup>4</sup> Fair
- <sup>5</sup> Poor

28. What is your age?

- <sup>1</sup> 18 to 24
- <sup>2</sup> 25 to 34
- <sup>3</sup> 35 to 44
- <sup>4</sup> 45 to 54
- <sup>5</sup> 55 to 64
- <sup>6</sup> 65 to 74
- <sup>7</sup> 75 or older

29. Are you male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

30. What is the highest grade or level of school that you have completed?

- <sup>1</sup>  8th grade or less
- <sup>2</sup>  Some high school, but did not graduate
- <sup>3</sup>  High school graduate or GED
- <sup>4</sup>  Some college or 2-year degree
- <sup>5</sup>  4-year college graduate
- <sup>6</sup>  More than 4-year college degree

31. Are you of Hispanic or Latino origin or descent?

- <sup>1</sup>  Yes, Hispanic or Latino
- <sup>2</sup>  No, not Hispanic or Latino

32. What is your race? Mark one or more.

- <sup>1</sup>  White
- <sup>2</sup>  Black or African American
- <sup>3</sup>  Asian
- <sup>4</sup>  Native Hawaiian or Other Pacific Islander
- <sup>5</sup>  American Indian or Alaska Native
- <sup>6</sup>  Other

33. Did someone help you complete this survey?

- <sup>1</sup>  Yes
- <sup>2</sup>  No → **Thank you.**

**Please return the completed survey in the postage-paid envelope.**

34. How did that person help you? Mark one or more.

- <sup>1</sup>  Read the questions to me
- <sup>2</sup>  Wrote down the answers I gave
- <sup>3</sup>  Answered the questions for me
- <sup>4</sup>  Translated the questions into my language
- <sup>5</sup>  Helped in some other way

*Please print:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**