



Title X Client Satisfaction Survey

To our family planning clients:

Please help us by taking a moment to complete this survey. Your response and comments will be helpful as we strive to improve our services. All responses are confidential. Thank you in advance!

1. What services did you receive today? (Check all that apply)

- First time exam
Get birth control (the pill, the shot, IUD, implant, the ring, the patch, condoms)
Problems with birth control method
Yearly exam
STI testing and/or treatment
A repeat Pap smear
Other, please specify: _____

2. Was today's visit scheduled as soon as you needed it?

- Yes
No
I was seen as a walk-in client

3. If you need family planning services in the future, will you use our agency for services?

- Yes
No

If no, why not? _____

4. Please rate the provider (Physician, Nurse Practitioner, Nurse) that you saw today. If the statement does not apply to you, please mark the box under "N/A."

Table with 8 columns: Statement, Excellent, Very Good, Good, Fair, Poor, Declined, NA. Rows include: Respected me as a person, Let me say what mattered to me about my birth control, Took my opinion about birth control seriously, Gave me enough information to make the best decision about my birth control.

If you rated any above as "poor or fair", how can we make it better?

5. Please indicate whether you agree or disagree. If the statement does not apply to you, please mark the box under "N/A."

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Declined	NA
I feel safe receiving family planning services with this agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable with this agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got what I needed from this agency today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend using this agency for family planning services to my friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How did you hear about our agency providing family planning services? (Check all that apply)

- Recommended by friend of family
- Current patient
- Social media
- Program referral (i.e. WIC, Healthy Pregnancy Program, STD/STI, etc.)
- Other, please specify: _____

7. Did you need or want interpreter services today? *An interpreter is defined as someone that is provided by the agency and not a friend or family member.*

- Yes
 - i. Please rate the interpretation services you received today.
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

No

8. General comments (i.e. available hours, time in waiting for appointment,, cleanliness of clinic, staff took enough time with you, changes you would like to see)

Optional: If you are willing, would you please share the following:

Age: How old are you? _____

Ethnicity: Which best describes your ethnic background?

- Hispanic
- Not-Hispanic
- Prefer not to answer

Race: Which of the following best describes your racial background (Check all that apply):

- American Indian or Native Alaskan
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer

Thank you for completing this survey!