

Please tell us how we are doing

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ● **INCORRECT:** ✓ ✗ ○ ⊙

Office Use Only

Site Location				Provider			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

To Our Patients:

We want to know how you feel about the dental care you get at our health center. Please take a few minutes to complete this survey and then return it to us. Let us know your feelings about today's visit and any visits during the last year or so. Safe and effective care is our goal. Your answers are important to us and will be kept completely confidential.

About Patient

What is your age?

- 0-12 20-29 40-49 65+
 13-19 30-39 50-64

What is your gender?

- Male Female Transgender

Do you consider yourself Hispanic or Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

What is your race? (mark one or more)

- Asian Black/African American White
 Native Hawaiian Other Pacific Islander American Indian/Alaskan Native

Very Good Good Fair Poor

How would you rate your dental/oral health?

④ ③ ② ①

Ease of Getting Care

Very Good Good Fair Poor

Able to get appointment for checkups (yearly exams, and regular follow-up visits)

④ ③ ② ①

Able to make same day or next day appointment when you have a toothache

④ ③ ② ①

Dental clinic hours work for me

④ ③ ② ①

Phone calls get answered quickly

④ ③ ② ①

Phone calls returned same day

④ ③ ② ①

Able to get dental advice when the office is closed

④ ③ ② ①

Length of time waiting to be seen

④ ③ ② ①

Facility

Very Good Good Fair Poor

Easy to find dental clinic

④ ③ ② ①

Lobby and waiting room were comfortable and clean

④ ③ ② ①

Exam room was comfortable and clean

④ ③ ② ①

Handicap accessibility

④ ③ ② ①

Front Desk

Very Good Good Fair Poor

Friendly and helpful to you

④ ③ ② ①

Dental Assistant

Very Good Good Fair Poor

Listens to you

④ ③ ② ①

Friendly and helpful to you

④ ③ ② ①

Answers your questions

④ ③ ② ①

Please see questions on other side

Dentist/Hygienist	Very Good	Good	Fair	Poor
Listens to you	4	3	2	1
Spends enough time with you	4	3	2	1
Answers your questions	4	3	2	1
Friendly and helpful to you	4	3	2	1
Gives you information you can understand	4	3	2	1
Considers your personal or family beliefs	4	3	2	1
Involves other doctors and caregivers in your care when needed	4	3	2	1
Gives you good advice and treatment	4	3	2	1

Experience with Today's Visit	Yes	No	Not Applicable
Did anyone ask if you have any health or dental problems?	Y	N	NA
Did anyone ask if you have allergies?	Y	N	NA
Do you have problems getting your medication? (transportation, or problems w/cost)	Y	N	NA
Did someone talk to you about your goals for your oral health?	Y	N	
Did staff go over your dental treatment plan?	Y	N	NA
Were you helped with making appointments to see other providers or for specialty care?	Y	N	NA

General	Yes	No	Not Applicable
Have you ever been given information on what it means to have a "health home" or a "medical home"?	Y	N	
If yes, do you feel that we are your health/medical home?	Y	N	NA
You may need other services that we do not provide. Have we helped you find other services you need?	Y	N	NA
Do you feel that we help you to make healthy lifestyle choices?	Y	N	
Would you send your friends and family to us?	Y	N	
Do you understand what we ask you to pay for your care?	Y	N	NA
Do you feel what you pay is reasonable?	Y	N	NA

Comments

What one thing could we do to make your visits with us better?

Thank you for letting us know how we are doing!