

AYA Patient Satisfaction Survey

Default Question Block

Q1 Which clinic did you visit today?

Q2 What is your age?

- 10-13 (1)
- 14-17 (2)
- 18-25 (3)

End of Block

Ages 10-13

Q53 What is your sex/ gender?

Q54 What is your race/ethnicity?

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Native Hawaiian or other Pacific Islander (5)
- White (6)
- Multiracial (7)
- Other (8) _____

Q55 Why did you come into the clinic today?

- Physical or check-up (1)
- Sick visit (2)
- Mental Health visit (3)
- Other (4) _____

Q56 Is this the first time you met the doctor you saw today?

yes (1)

no (2)

Q57 At today's visit...

| | Yes (1) | No (2) | I'm not sure (3) | I don't want to answer (4) |
|---|-----------------------|-----------------------|-----------------------|----------------------------|
| Did the doctor listen to everything you said? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor ask about how you are feeling physically (such as healthy weight or body changes) and emotionally (such as feeling sad or too nervous or being in unsafe relationships)? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor talk to you without your parents or guardian in the room? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor tell you that they would not tell anyone what you talked about (unless they were concerned you would hurt yourself or others)? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor make sure that you could understand what they were saying? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor spend enough time with you? (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did the doctor make you feel comfortable to ask questions? (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q58 Please share how you feel about getting health care at this clinic.

| | Yes (1) | No (2) | I'm not sure (3) | I don't want to answer (4) |
|---|-----------------------|-----------------------|-----------------------|----------------------------|
| I can get the things I need to learn about my health at this clinic. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable talking to my doctor about private topics (my health, my life at home, and the things I like to do.) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know what health services I can get by myself without my parents knowing or saying it is OK. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know how to call or email my doctor or the clinic if I have any questions. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The waiting area has things that I am interested in looking at. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The front desk staff are nice to young people like me. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other young people like me should come to this clinic. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q59 How happy are you with your visit today? (Choose one option between 1 and 5. 1=not at all happy, 5=very happy)

| | 1-Not at all happy (1) | 2 (2) | 3 (3) | 4 (4) | 5-very happy (5) |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How happy are you with your visit today? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q60 What did you like most about the visit today?

Q61 What would have made the visit better for you?

Q62 Is there anything else you would like to share?

End of Block

Ages 14-17

Q23 What is your sex/ gender?

Q24 What is your race/ethnicity?

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Native Hawaiian or other Pacific Islander (5)
- White (6)
- Multiracial (7)
- Other (8) _____

Q27 Why did you come into the clinic today?

- Physical or check-up (1)
- Sick visit (2)
- Mental Health visit (3)
- Other (4) _____

Q28 Is this the first time you met the provider (doctor or nurse) you saw today?

yes (1)

no (2)

Q29 At today's visit, did the provider (doctor or nurse)

| | Yes (1) | No (2) | Not sure (3) | Prefer not to answer (4) |
|--|-----------------------|-----------------------|-----------------------|--------------------------|
| ask about your physical health (such as healthy weight, exercise, body changes) and mental health (feeling sad, stressed, anxious or being in unsafe relationships)? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| let you know that certain things you talked to them about will be kept confidential (meaning that what you talked about would not be shared with anyone else, unless they were concerned you would hurt yourself or others)? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| spend enough time with you? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q36 At today's visit, did the provider (doctor or nurse)

| | Not at all (1) | Some of the time (2) | Not sure (3) | Most of the time (4) | The entire time (5) | Prefer not to answer (6) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| listen carefully to you? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| talk privately with you (without anyone else in the room)? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| explain things in a way you can understand? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| make you feel comfortable to ask any type of question? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q30 Please give your opinion about getting health care at this clinic.

| | Disagree (1) | Somewhat Disagree (2) | Not Sure (3) | Somewhat agree (4) | Agree (5) | Prefer not to answer (6) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| At this clinic, I can get information to better understand issues affecting my health. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I can be honest when talking to my provider (doctor or nurse) about my health, personal life, and activities. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know what health services I can get on my own without my parents knowing or saying it is OK ("confidential services"). (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know how to contact my provider (doctor or nurse) or the clinic if I have any questions or concerns. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The waiting area is welcoming to teens like me. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The front desk staff are welcoming to teens like me. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend this clinic to other teens like me. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q31 What is your overall satisfaction with your visit today?

| | Not at all satisfied (1) | Slightly dissatisfied (2) | Neither dissatisfied or satisfied (neutral) (3) | Slightly satisfied (4) | Very Satisfied (5) |
|--|--------------------------|---------------------------|---|------------------------|-----------------------|
| What is your overall satisfaction with your visit today? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q32 What did you like most about the visit today?

Q33 What would have made the visit better for you?

Q34 Is there anything else you would like to share?

Ages 18-25

Q39 What is your sex/ gender?

Q41 What is your race/ethnicity?

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Native Hawaiian or other Pacific Islander (5)
- White (6)
- Multiracial (7)
- Other (8) _____

Q42 Why did you come into the clinic today?

- Physical or check-up (1)
- Sick visit (2)
- Mental Health visit (3)
- Other (4) _____

Q43 Is this the first time you met the provider (doctor or nurse) you saw today?

yes (1)

no (2)

Q44 At today's visit, did the provider (doctor or nurse)

| | Yes (1) | No (2) | Not sure (3) | Prefer not to answer (4) |
|---|-----------------------|-----------------------|-----------------------|--------------------------|
| ask about your physical and mental health? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| let you know that certain things you talked to them about will be kept confidential (meaning that what you talked about would not be shared with anyone else, (unless they were concerned you would hurt yourself or others)? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| spend enough time with you? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q45 At today's visit, did the provider (doctor or nurse)

| | Not at all (1) | Some of the time (2) | Not sure (3) | Most of the time (4) | The entire time (5) | Prefer not to answer (6) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| listen carefully to you? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| talk privately with you (without anyone else in the room)? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| explain things in a way you can understand? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| make you feel comfortable to ask any type of question? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q46 Please give your opinion about getting health care at this clinic.

| | Disagree (1) | Somewhat Disagree (2) | Not Sure (3) | Somewhat agree (4) | Agree (5) | Prefer not to answer (6) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| At this clinic, I can get information to better understand issues affecting my health. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that I can be honest when talking to my provider (doctor or nurse) about my health, personal life, and activities. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know what health services will not be described in detail on insurance billing to protect my confidentiality. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know how to contact my provider (doctor or nurse) or the clinic if I have any questions or concerns. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The waiting area is welcoming to young adults like me. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The front desk staff are welcoming to young adults like me. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would recommend this clinic to other young adults like me. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q47 What is your overall satisfaction with your visit today?

| | Not at all satisfied (1) | Slightly dissatisfied (2) | Neither dissatisfied or satisfied (neutral) (3) | Slightly satisfied (4) | Very Satisfied (5) |
|--|--------------------------|---------------------------|---|------------------------|-----------------------|
| What is your overall satisfaction with your visit today? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q48 What did you like most about the visit today?

Q49 What would have made the visit better for you?

Q50 Is there anything else you would like to share?

End of Block
