Part I: Providers

Survey ID #: _____

Your Provider Name: _____

1. **How long has it been since your most recent in-person, phone, or telehealth visit with the provider named above?**
   - ☐ Less than 1 month
   - ☐ At least 1 months but less than 3 months
   - ☐ At least 3 months but less than 6 months
   - ☐ At least 6 months but less than 1 year
   - ☐ 1 year or more

   These questions ask about your most recent visit with this provider.

2. **During your most recent visit, were you and this provider able to communicate effectively?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

3. **Was your recent visit as soon as you needed?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

4. **Did your most recent visit start on time?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

5. **During your most recent visit, did this provider explain things in a way that was easy to understand?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

6. **During your most recent visit, did this provider listen carefully to you?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

7. **During your most recent visit, did this provider show respect for what you had to say?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

8. **During your most recent visit, did this provider spend enough time with you?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No
9. **During your most recent visit, did this provider have the medical information they needed about you?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No
10. **Did someone from this provider's office follow up to give you visit results?**
   - ☐ Yes
   - ☐ No
11. **Using any number from 0 to 5, where 0 is the worst visit possible and 5 is the best visit possible, what number would you use to rate your most recent visit?**
   - ☐ 0 - Worst Visit Possible
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 – Best Visit Possible

Part II: Staff at Provider's Office

12. **Staff at a provider's office may talk with you about your visit, help set it up, and remind you about your appointment. Thinking about your most recent visit, did you talk to staff from this provider's office?**
   - ☐ Yes
   - ☐ No
13. **Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No
14. **Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?**
   - ☐ Yes, definitely
   - ☐ Yes, somewhat
   - ☐ No

Part III: Access to Care

15. **Location & Hours of Health Center. Currently CCRH has office hours of 8am to 5pm, while closed for 1 hour at lunchtime. Do you have any suggestions on additional hours of availability for CCRH?**

16. **Sliding Fee Scale Discount (SFSD) Program. Removing Barriers to Care (Access to Care) is a key goal of CCRH. What suggestions would you like to provide to our team to improve our SFSD Program?**

17. **Do you have any other suggestions to help us improve the Quality of Care, Access to Care or any other issue you feel is important?**

18. **Do you have any suggestions for expanding the types of clinical services that should be offered by CCRH?**

19. **We greatly appreciate your input for our survey. Lastly, do you have any suggestions related to CCRH's Community Outreach Programs? Do you have any suggestions for what types of events or places that we should expand our Community Outreach efforts to include?**