Larry Combest Community Health and Wellness Center

SENIOR HOUSE CALLS

PATIENT SATISFACTION ASSESSMENT

Date: _________________

For each Objective Statement, please choose the number to best describe how you feel about your Senior House Calls visit. Please let us know how much you AGREE with each statement and how IMPORTANT each statement is for you.

Use the guide below to help choose the number to best describe your feelings. For example, when you circle the number 1, you are saying you Strongly Disagree with the statement. When you circle the number 6, you are saying you Strongly Agree with the statement.

The reason for rating both the AGREEMENT and IMPORTANCE is to help us clearly identify the opportunities for improvement we need to focus on first. The meaning for each number for the statements is listed below.

<table>
<thead>
<tr>
<th>Agreement with Objective Statement</th>
<th>Importance of Objective Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>😞 1 = Strongly Disagree</td>
<td>😞 1 = Extremely Unimportant</td>
</tr>
<tr>
<td>😞 2 = Disagree</td>
<td>😞 2 = Unimportant</td>
</tr>
<tr>
<td>😞 3 = Somewhat Disagree</td>
<td>😞 3 = Somewhat Unimportant</td>
</tr>
<tr>
<td>😊 4 = Somewhat Agree</td>
<td>😊 4 = Somewhat Important</td>
</tr>
<tr>
<td>😊 5 = Agree</td>
<td>😊 5 = Important</td>
</tr>
<tr>
<td>😊 6 = Strongly Agree</td>
<td>😊 6 = Extremely Important</td>
</tr>
<tr>
<td>☐ NA = Not Applicable</td>
<td>☐ NA = Not Applicable</td>
</tr>
</tbody>
</table>

AGREEMENT CHOICES 1 2 3 4 5 6 NA

OBJECTIVE STATEMENTS

1. I was able to get a timely (within 8 hours) response from the office

IMPORTANCE CHOICES 1 2 3 4 5 6 NA

OVER
AGREEMENT CHOICES | OBJECTIVE STATEMENTS | IMPORTANCE CHOICES
--- | --- | ---
1 2 3 4 5 6 NA | 2. During the visit, I was treated with a high level of respect. | 1 2 3 4 5 6 NA
1 2 3 4 5 6 NA | 3. I will highly recommend the Senior House Calls service to others. | 1 2 3 4 5 6 NA
1 2 3 4 5 6 NA | 4. I spent enough time with the health care provider. | 1 2 3 4 5 6 NA
1 2 3 4 5 6 NA | 5. The health provider completely explained my care. | 1 2 3 4 5 6 NA
1 2 3 4 5 6 NA | 6. The overall visit was very helpful. | 1 2 3 4 5 6 NA

COMMENTS

1. What about your health care visit helped you the most?

2. What changes would you like to be made in the Senior House Calls program to better help you take care of yourself (or child/family member)?

Please return the survey in the self-addressed, stamped envelope provided for you. **Do not sign the survey so your answers will remain completely anonymous.**

**Thank you for helping us improve our services to you!**

Developed: YM/ym 1/07
Piloted: 2007
Reviewed: YM 12/07 10/09, 6/13, 6/15, DO/LO 7/17
Approved: OEC 2/08 OEC 11/10
Revised YM 3/10 YM 10/10 YM 07/11

50.200 ATTACHMENT G - Senior House Calls Patient Satisfaction Assessment Tool 102610