

## DIHS Patient Satisfaction Survey

**Directions:** Please circle either YES or NO for each question below. Thank you for taking time to fill out this survey.

1. Did the provider explain your medical condition in a language you could understand?

YES

NO

2. Were you told how to take your medicine?

YES

NO

3. Did your provider give you a chance to ask questions about your medical problem and treatment?

YES

NO

4. Was the staff at the clinic nice to you when you were seeking health care?

YES

NO

5. How satisfied were you with your visit?

Very Satisfied

Somewhat Satisfied

Not Satisfied

6. If you answered "Somewhat Satisfied" or "Not Satisfied" above, what could we do to make your visit more satisfying?

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