

**DIHS Patient Satisfaction Survey  
Worksheet and Reporting  
Form**

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 \_\_\_\_\_ %

**Please use the DIHS Performance Improvement Discussion and Corrective Action Form to describe how your organization is going to address the issues identified above.**