

Patient Experience Survey

This survey asks questions about your experience today and the birth control services you received. We are interested in your feelings, both good and bad, about the care you received today. When we say “health center staff”, we are referring to all staff you saw today - whether it was a doctor, counselor, or nurse. Please do not write your name on this survey. This survey is **anonymous** and all of your answers will be kept private.

****COMPLETING THIS SURVEY IS VOLUNTARY****

1. What is your age (in years)? _____

2. How do you describe yourself? (Check all that apply)

- | | |
|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Hispanic or Latino | |

3. During your visit today, did someone talk to you about birth control?

- Yes →if yes, please answer questions 4-12
- No →If no, would you have liked someone to talk to you about birth control?
- Yes
 No

Thank you for your response. Please do not complete questions 4-12 and return the survey to designated health center staff.

For each statement, please circle the answer that represents how you feel about your visit today	No 	Somewhat 	Yes 	Not Applicable
4. I got enough information about my birth control options today to choose a method that will work best for me	No	Somewhat	Yes	N/A
5. The health center staff made it clear to me today that it is my choice which birth control I choose	No	Somewhat	Yes	N/A
6. I trust the information the health center staff gave me about my birth control choices today	No	Somewhat	Yes	N/A
7. The health center staff treated me with respect during my visit today (staff were polite, kind & valued my opinions)	No	Somewhat	Yes	N/A
8. Today I learned more about how well the IUD and implant work to prevent pregnancy (also known as Mirena, ParaGard, Nexplanon)	No	Somewhat	Yes	N/A
9. The health center staff listened carefully to what I had to say	No	Somewhat	Yes	N/A

For each statement, please circle the answer that represents how you feel about your visit today	No 	Somewhat 	Yes 	Not Applicable
10. I feel like the health center staff pushed me to choose a birth control method today that I do not think is the best option for me	No	Somewhat	Yes	N/A
11. I feel I received poor care today because of my skin color or cultural background	No	Somewhat	Yes	N/A

If you felt any mistreatment, can you please describe a little more about what happened or how you felt?

12. Do you have any recommendations or suggestions on how we can better serve other patients like you?
