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Children's Hospital Boston

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Time

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AM
 PM

SURVEY INSTRUCTIONS

Please be sure to fill the response oval completely. Use only black or blue ink or No. 2 pencil to complete the survey.

START HERE

1. Were you able to get an appointment for as soon as you wanted?

- Yes
- No

2. Did you have to wait too long in the waiting room?

- Yes, definitely
- Yes, somewhat
- No

3. How would you rate the courtesy of the office staff?

- Poor
- Fair
- Good
- Very Good
- Excellent

4. Which type of health care provider was your child's appointment with?

- Medical doctor
- Nurse (RN)
- Other(Please specify)_____

5. When you asked questions, did you get answers you could understand?

- Yes, always
- Yes, sometimes
- No
- I did not ask any questions

6. Did your child's provider give your child a chance to ask questions about his/her care?

- Yes, completely
- Yes, somewhat
- No
- Child is too young/could not ask questions

7. Did you have confidence and trust in the health care provider treating your child?

- Yes, definitely
- Yes, somewhat
- No

8. Did you get as much information about your child's condition and treatment as you wanted from your child's health care provider?

- Yes, definitely
- Yes, somewhat
- No

9. How well organized was the office you visited?

- Not at all organized
- Somewhat organized
- Very organized

10. During your visit, do you believe your child received safe medical care?

- Yes, definitely
- Yes, somewhat
- No

11. How would you rate the overall quality of the care your child received at this visit?

- Poor
- Fair
- Good
- Very Good
- Excellent

12. Would you recommend this office to your family and friends?

- Yes, definitely
- Yes, somewhat
- No

ABOUT YOUR CHILD

13. Which of the following best describes your child's race and/or ethnicity? You can choose more than one.

- American Indian or Alaskan native
- Black or African-American
- White or Caucasian
- Native Hawaiian or other Pacific Islander
- Asian
- Hispanic or Latino
- Middle Eastern
- Other (Please describe)_____

Is there anything else you would like to tell us about your visit today? (Please feel free to use the back of this page)

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. Please return the survey to the box provided.