

# PATIENT AND FAMILY SURVEY FORM

To our Patients and Families:

The child health professionals in our clinic are very interested in your opinions about the care that we provide for you and your child. As part of our effort to continue to improve the care we offer, we ask that you please complete this survey about today's visit. Your responses will be confidential and will not be shared directly with your child health professional.

Thank you for your time in completing this survey.

The Staff of the Clinic

<b>PATIENT AND FAMILY SURVEY</b>		<b>I am a:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Family Member				
<b>My Child Health Professional:</b>	<b>Disagree &lt;—&gt; Uncertain &lt;—&gt; Agree</b>					
Recognized that I wanted to learn more about an issue	1	2	3	4	5	
Helped me to make clear what I wanted to learn	1	2	3	4	5	
Helped me to talk about the most important issues first	1	2	3	4	5	
Gave me the information clearly so I could understand it	1	2	3	4	5	
Asked me what I did or did not understand	1	2	3	4	5	
Gave me enough time to talk about my concerns	1	2	3	4	5	

## Comments

---



---



---



---



---



---



---



---



---



---