

# 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

FAMILY SURVEY		Respondent is: <input type="checkbox"/> Child <input type="checkbox"/> Family				
My Child Health Professional:	Disagree <—> Uncertain <—> Agree					
Addressed the concerns I had about my child	1	2	3	4	5	
Listened to me and my child and respected our feelings	1	2	3	4	5	
Involved me in decisions	1	2	3	4	5	
Talked so that I could understand	1	2	3	4	5	
Helped me feel better about my child	1	2	3	4	5	
Seemed to care about me and my child	1	2	3	4	5	
Gave me adequate time to discuss my concerns	1	2	3	4	5	
Provided high-quality care	1	2	3	4	5	

## Comments

---



---



---



---



---



---



---



---