

# 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

PATIENT AND FAMILY SURVEY		I am a: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member				
My Child Health Professional:	Disagree <—> Uncertain <—> Agree					
Answered 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	
Included me in decisions	1	2	3	4	5	
Presented information clearly so that I could understand	1	2	3	4	5	
Helped me feel confident and reassured	1	2	3	4	5	
Paid attention to me and my concerns	1	2	3	4	5	
Gave me enough time to talk about my concerns	1	2	3	4	5	
Provided me and my child with very good care	1	2	3	4	5	

## Comments

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