

IHS Patient Experience of Care Survey

FORM DRAFT
OMB No.: 0917-XXXX
Exp. Date: 2/28/20XX

Thank you for voluntarily participating in the Indian Health Service Patient Experience of Care Survey.

From your perspective as a patient, we ask you to answer questions that will help our Quality Improvement Team understand how we can improve our service to you and others who come to our clinic.

The survey takes only a few minutes. Please select the answer that best describes your experience with the care you received today. We welcome your comments and suggestions about how we can provide better care.

Your responses and participation are kept confidential and will not be connected to you. If you have questions or need assistance, just ask — our staff is ready to help you.

Type of visit ☐ In Person Visit ☐ Tele health visit with video or Phone

1. An appointment was available when I needed it.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

2. When I arrived for my visit, I did not have to wait too long to be seen by my provider.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

3. The clinic staff was courteous.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

4. I have trust in the clinic staff.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

5. The clinic was clean.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

7. I received enough time from my provider.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

9. I was given the chance to provide input into decisions about my care.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

6. The provider listened carefully.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

8. I was provided with enough information to make decisions.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

10. My culture and traditions were respected.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

11. In the last six (6) months, I have been able to obtain an appointment with a member of my care team or primary care provider when I wanted.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

13. I would recommend my provider to family and friends.

one.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

15. Gender Identity

- ☐ Female
 - ☐ Male
 - ☐ Intersex
 - ☐ Non-binary
 - ☐ Trans
 - ☐ Two Spirit
 - ☐ Cisgender
 - ☐ Prefer not to disclose
 - ☐ Not listed
-

12. During my last appointment, my provider reviewed/discussed with me information from outside providers I have seen (for example test results or medication changes recommended by the specialist)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:

14. Overall, I am satisfied with my visit.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Please comment:



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average less than 2 minutes per response, including the time to review instructions, search existing data resources and gather the data needed to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRA, 5600 Fishers Lane, Rockville, MD 20857, Attention: Information Collections Clearance Officer.