



NORTHERN CHEYENNE SERVICE UNIT TRANSPORTATION DEPARTMENT

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

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

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.

Form Approved

OMB No. 0917-0036

Exp. Date 02/28/2025

1. Which transportation shift did you receive services from today?

- ☐ Monday, Wednesday, Friday SHIFT 1
- ☐ Monday, Wednesday, Friday SHIFT 2
- ☐ Tuesday, Thursday, Saturday SHIFT 1
- ☐ Tuesday, Thursday, Saturday SHIFT 2
- ☐ Monday, Tuesday, Thursday, Friday PRC SHIFT

Other (please specify)

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2. The driver was courteous.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree

Other (please specify)

3. The transport vehicle was clean.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Other (please specify)

4. I felt safe during my transport.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Other (please specify)

5. Overall, I am satisfied with my transport.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Other (please specify)

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. This information collection is collected as a Fast Track collection and used to enhance customer service. The time required to complete this information collection is estimated to average less than 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and confidential. 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/DRPC, 5600 Fishers Lane, mailstop: 09E07, Rockville, MD 20857, Attention: Information Collections Clearance Officer.