

Reproductive Health Client Experience Survey

- Thank you for taking this survey.
- This survey is to help make clinic visits better.
- This survey is voluntary. If you don't want to take the survey, leave it blank.
- We will combine the survey responses from everyone so your response will stay anonymous.
- Do not write your name or other personal information on the survey.
- The survey will take about 5 minutes.

1. Please rate the <u>health care provider</u> you saw <u>today</u> with respect to the following qualities. If the statement does not apply to your visit, please mark the box N/A.						
	Poor	Fair	Good	Very Good	Excellent	N/A
Respecting me as a person	1	2	3	4	5	N/A
Letting me say what mattered to me about my birth control method	1	2	3	4	5	N/A
Taking my preferences about my birth control seriously	1	2	3	4	5	N/A
Giving me enough information to make the best decision about my birth control method	1	2	3	4	5	N/A

2. Please indicate whether you agree or disagree with each of the following statements.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel safe coming to this clinic	1	2	3	4	5
I feel comfortable at this clinic	1	2	3	4	5
I feel like my information is kept private at this clinic	1	2	3	4	5

3. Please circle your answer to following questions about your visit today.		
My questions were answered	No	Yes
I felt supported by the provider	No	Yes

4. Please circle your answer to following questions about your visit today.		
I needed an interpreter for my visit today	No – skip to # 6	Yes
I was offered a free interpreter.	No	Yes
I used an interpreter today	No – please explain why below	Yes

If you answered that you didn't use an interpreter today. Please explain why:

5. Do you have any comments about the interpretation services provided by the clinic?

6. What is one thing we can do to make your next visit better or to make our clinic space more comfortable?

Finally, we have a few optional questions about you. These questions help us make sure everyone gets the best services.

7. What is your age?

- ☐ 17 years old and younger
- ☐ 18-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45 years old and older

8. What is your gender? _____

9. What is your race/ethnicity? _____