

# Orange County Department of Health

## Clinic Patient Survey

The Orange County Department of Health is continuously improving the quality of the various clinics offered to the public. We appreciate your assistance by completing the following survey. Please answer each question based on your experience during your visit to our Adult, Children's, Tuberculosis, or STD/HIV Clinics. Check N/A if a particular contact or service was not provided. Please answer each question by checking only one square per question.

1. Please circle the clinic you attended today:

	STD/HIV	Tuberculosis	Adult Travel	Children's Immunization			
				N/A	FAIR	GOOD	EXCELLENT
2. How would you describe your interaction with the Clinic Receptionist?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
3. How would you describe your interaction with the nurse during the clinic interview?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4. How would you describe your interaction with the Clinic Physician and the nurse during your physical examination?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
5. How would you describe your interaction with the nurse during the treatment process?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
6. If you visited our STD clinic, how would you describe your interaction with the HIV Tester during the HIV oral swab?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
7. Were all your questions and concerns addressed at the Clinic?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
8. How would you rate the services provided by the Clinic?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**Comments:** \_\_\_\_\_

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