



Forest County Potawatomi Health & Wellness Center

P.O. Box 396 Crandon, WI 54520
(715) 478-4308 Assistant Health Administrator

We need your help! In an attempt to improve our services we are doing a Patient Satisfaction Survey.

It is important for us to know how you feel about the services we provide so we can ensure we are meeting your needs. Your responses will help us improve our services. All responses will be kept confidential and anonymous. Thank you for your time.

Name (optional): _____ Address (optional): _____ City/State/Zip: _____ Phone (optional): _____ Age: (optional): _____ Sex: Male___ Female ___	Race/Ethnicity: ___ Native American Tribe: _____ ___ African American ___ Caucasian ___ Hispanic ___ Other: _____
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What Departments were you seen in at your last visit to the Health & Wellness?	(Please circle any that apply)			
Behavioral Health - Chiropractic - Community Health - Dental - Lab - Massage - Medical - Optical - Orthodontia - Pharmacy - Physical Therapy - Speech Therapy				
Please circle how well you think we are doing in the following areas:	EXCELLENT 4	GOOD 3	FAIR 2	POOR 1
Facility:				
Neatness and cleanliness of facility	4	3	2	1
Ease of finding way around facility	4	3	2	1
Comfort and Safety	4	3	2	1
Privacy	4	3	2	1
Confidentiality:				
Keeping my personal information private	4	3	2	1
Ease of getting care:				
Ability to get in to be seen	4	3	2	1
Hours Center is open	4	3	2	1
Convenience of Center's location	4	3	2	1
Courtesy and helpfulness of phone staff	4	3	2	1
Waiting:				
Time in waiting room	4	3	2	1
Time in exam room	4	3	2	1
Waiting for tests to be performed	4	3	2	1
Waiting for test results	4	3	2	1
Staff:				
Listens to you	4	3	2	1
Takes enough time with you	4	3	2	1
Explains what you want to know	4	3	2	1
Give you good advice and treatment	4	3	2	1
Friendly and helpful to you	4	3	2	1
Answers your questions	4	3	2	1
Treated you with dignity and respect	4	3	2	1

Continued on other side

Please circle how well you think we are doing in the following areas:	EXCELLENT 4	GOOD 3	FAIR 2	POOR 1
Payment:				
What you pay	4	3	2	1
Explanation of charges	4	3	2	1
Collection of payment/money	4	3	2	1
Billing statement is easily understood	4	3	2	1
The likelihood of referring your friends and relatives to us:	4	3	2	1
Do you consider this center your primary source of care? If no, where do you receive your services?	Yes _____ No _____ _____			

If you do not use the Health & Wellness – why not?

What do you like best about the center? _____

What do you like least about the center? _____

Please be Department specific for suggestions for improvement. _____

Would you like to be contacted: (circle one) **Yes** **No**

Please return in the enclosed envelope or return to receptionist upon your next visit to the Forest County Potawatomi Health & Wellness Center.

Thank you for completing our Survey!