

## MEDICAL HOME PATIENT SATISFACTION SURVEY

Thanks for visiting St. Petersburg Pediatrics for your child’s health care needs. We always want to hear from you about your visit with us. You can help us by completing this satisfaction survey by answering each question. Please ask any of our staff for help. The results are used to improve our services to you, our valued client. Your responses are kept strictly confidential. Please put your completed survey in the box provided.

**Date:** \_\_\_\_\_

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
Not Applicable

1.	Have you been informed about the medical home team concept?						
2.	Do you know your medical home provider team members?						
3.	I was able to ask the questions I had about my health concerns.						
4.	I understood the information the medical provider team explained to me about my health issues.						
5.	My provider team asked about my concerns, worries or things causing stress about my medical needs.						
6.	My medical provider team gave me easy to understand instructions about taking care of my health problems and concerns and I felt empowered I could follow the treatment plan agreed upon.						
7.	My provider team was as thorough as I thought was needed and knew important facts about my health history.						
8.	If there were any delays, did the staff keep you informed? (Please check Not Applicable if there were no delays).						
9.	My medical provider team spoke with me about making lifestyle changes to help prevent problems.						
10.	My provider team treated me with caring and cultural sensitivity.						
11.	My overall experience with St. Petersburg Pediatrics was good.						

If you want someone to contact you about this survey or you want to add comments, please leave comments and your contact information on the other side of this survey form. Thank you!

Please write any comments that you have below. Comments may be compliments, concerns or problems or other topics about your visit or care.

---

---

---

If you wish to be contacted about anything in this survey, please fill in the blanks below.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ email address \_\_\_\_\_

Address: \_\_\_\_\_

**City**                      **State**                      **Zip Code**

**Thank you for taking the time to provide us with your feedback!**