

Clinic Design Patient Survey

This survey asks for your views about the physical environment and your experience at _____ (name of clinic). Thinking about your recent visit to this clinic, please **circle the number** that most closely represents your level of agreement with each statement below. We are interested in your honest views (either negative or positive). If you have comments about any one statement, please write down in spaces below the statement or on the back. The survey is 2 pages long. Thank you in advance for your time.

Clinic Design

	Strongly Disagree			Strongly Agree		Don't Know Not Applicable
	1	2	3	4	5	DK/NA
1. The clinic allowed a sense of privacy.	1	2	3	4	5	DK/NA
2. The clinic made it easy for private conversations with staff.	1	2	3	4	5	DK/NA
3. Exam rooms made me feel private and my personal information is secure.	1	2	3	4	5	DK/NA
4. I found it easy to navigate around the clinic.	1	2	3	4	5	DK/NA
5. Corridors and spaces were well organized.	1	2	3	4	5	DK/NA
6. Materials and color helped me find my way around.	1	2	3	4	5	DK/NA
7. The signs in and around this clinic were easy to understand.	1	2	3	4	5	DK/NA
8. The location of this clinic was convenient for me to get to.	1	2	3	4	5	DK/NA
9. Enough parking spaces were available.	1	2	3	4	5	DK/NA
10. The patient waiting area was comfortable.	1	2	3	4	5	DK/NA
11. I was satisfied with the waiting experience.	1	2	3	4	5	DK/NA
12. The exam rooms allowed easy communication with clinicians.	1	2	3	4	5	DK/NA
13. I had a clear view of the clinician and the computer screen in the exam room or other procedure rooms. (If there's no computer, please select DK/NA as the answer).	1	2	3	4	5	DK/NA
14. The noise level did not interfere with communication to staff.	1	2	3	4	5	DK/NA
15. The clinic made me feel relaxed.	1	2	3	4	5	DK/NA
16. The clinic had features that were pleasant to look at.	1	2	3	4	5	DK/NA
17. The exam and waiting rooms had a pleasing look.	1	2	3	4	5	DK/NA
18. The noise level was appropriate.	1	2	3	4	5	DK/NA
19. The clinic felt bright inside.	1	2	3	4	5	DK/NA
20. The clinic emphasized infection prevention.	1	2	3	4	5	DK/NA
21. The air in the clinic was fresh and clean.	1	2	3	4	5	DK/NA

22. The clinic environment (for example, air quality) made me feel sick.	1	2	3	4	5	DK/NA
23. The clinic made me feel safe and secure.	1	2	3	4	5	DK/NA
24. This clinic utilized the most up-to-date technology.	1	2	3	4	5	DK/NA
25. Overall, I was satisfied with the clinic environment.	1	2	3	4	5	DK/NA

Clinic Service

	Strongly Disagree				Strongly Agree	Don't Know Not Applicable
1. The clinic service was just about perfect.	1	2	3	4	5	DK/NA
2. If friends or family need clinic service, I would recommend this clinic.	1	2	3	4	5	DK/NA
3. I was dissatisfied with some things about the service I received in this clinic.	1	2	3	4	5	DK/NA
4. If I need service again, I would like to come back to this clinic.	1	2	3	4	5	DK/NA

Patient Information

These questions are for statistical purpose only. Please mark or write down the responses.

How old are you? _____

What is your gender?
 Female
 Male

What best describes your race/ethnicity?
 African-American
 Asian
 Hispanic
 White
 Other (please indicate) _____

What is your education level?
 Elementary school or below
 Junior high school
 Senior high school
 2-year college degree
 4-year college degree
 Postgraduate degree (Master's or Ph.D. or similar)

Where do you live?
 Urban
 Suburban
 Rural

What is your total annual household income?
 Less than \$24,999
 \$25,000-49,999
 \$50,000-74,999
 \$75,000-99,999
 \$100,000 and greater

How did you get to the clinic?
 By car
 Walk
 By bus or other public transportation

How long did you wait in waiting room or space? _____ minutes

How long did you wait in exam room? _____ minutes

How long did you wait at checkout? _____ minutes

Today's date _____

Thank you.

**Please mail back the completed survey in the enclosed envelope.
 If you have other comments about the design of the clinic (for example, how the design can be improved), please write below or on the back.**
