



## NIMIIPUU HEALTH PATIENT SATISFACTION SURVEY 2023

1. Which Nimiipuu Health site did you visit today?

- Kamiah
- Lapwai

2. Which Department(s) did you visit?

- Medical
- Dental
- Pharmacy
- Behavioral Health
- Optometry
- Lab/X-Ray
- Transportation
- WIC/Nutrition
- Massage/Physical Therapy
- Tobacco Cessation
- Community Health
- Purchased and Referred Care
- Wellness Center
- Diabetes Coordinator
- Benefits Coordinator
- Patient Advocate

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- Other (please specify)

3. How easy was it to schedule your appointment?

- Easy
- Somewhat easy
- Difficult
- Very difficult

4. How satisfied were you with the check-in process?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

5. How long did you wait (beyond your appointment time) to be seen by your provider?

- Less than 5 minutes
- 5-10 minutes
- 10-20 minutes
- 20-30 minutes
- More than 30 minutes

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- Other (please specify)

6. How would you describe the care you received from your provider (Doctor, Dentist, Pharmacist, Mental Health Therapist, etc.)?

- Exceeded expectations
- Met expectations
- Below expectations

7. Were your concerns addressed and did your provider involve you when making treatment decisions?

- Yes
- No

additional comments (optional)

8. Did you leave with a clear understanding of your plan of care, including any follow-up, if needed?

- Clear
- Somewhat clear
- Unclear

additional comments (optional)

9. NMPH has a referral process, are you familiar with this process?

- Very familiar
- Familiar
- Somewhat familiar
- Not at all familiar

additional comments (optional)

10. Were you provided health care that respected your culture and traditions?

- Yes
- No

additional comments (optional)

11. Were you provided health care in a confidential setting? If not, please fill out a patient comment form (available through our Patient Advocate or any Patient Care Coordinator)

- Yes
- No

12. How satisfied are you with the cleanliness and appearance of our facility?

- Satisfied
- Somewhat satisfied
- Dissatisfied

additional comments (optional)

13. How would you rate the overall care you received? Also, please provide any comments on how we can improve our services.

- High quality care
- Average level of care
- Low quality care
- Very low quality

additional comments (optional)