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
   - [ ] 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
   - Dissatisfied
   - Satisfied
   - Very dissatisfied
   - Neither satisfied nor 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
   - 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)