INDEPENDENT PRACTITIONER PROVIDER SURVEY

(1)Please answer the questions below based on your experiences with the following Provider: _____

(2)County: ____Cabarrus ____Rowan ____Stanly ____Union ____Davidson

DEMOGRAPHICS

(3) Gender: _____Male _____Female (4)Age of person receiving services: _____ (5)Person completing the form is:
_____ Receiving services
_____ Guardian/Family Member

(6)Race: _____ American Indian, Alaskan Native _____ Hispanic, Latino
_____Asian _____ White
_____Black, African American _____ Other (Please Specify): _____

Questions:	**Strongly Agree**	**Agree**	**Neutral/ Unsure**	**Disagree**	**Strongly Disagree**	**Don't know**
I was able to get a routine appointment in a timely manner.						
I have never had to wait more than 15 minutes past my appointment time to see the Provider.						
I am able to call during office hours and get the help or advice that I need.						
The Provider listens carefully to my needs.						
The Provider speaks and explains things in a way that I can understand.						
The Provider shows respect for what I have to say.						
The Provider spends an appropriate amount of time with me.						
Office staff treated me with courtesy and respect.						
Office staff was very helpful to me and my family.						
Provider is very knowledgeable of my specific condition/needs.						
If a friend asked me to recommend a provider, I would recommend this provider/agency.						
Overall I am satisfied and feel comfortable with this Provider.						
Due to this Provider, I have a better quality of life.						

Please list any strengths the provider/agency demonstrates:

Please list any weaknesses the provider/agency has:

Please list any other information you would like to share in the comments section below:

Comments:

(If additional space is needed, continue on the back.)

***If you would like our Quality Management Department to call you about this survey please give us the information below:*

Name of person to call: _____Phone #:_____
Reason you would like to talk to someone: _____

Return completed survey to Quality Management, 245 LePhillip Court Concord, NC 28025