

SMC Southside Medical Center

PATIENT FEEDBACK SURVEY

1. WHICH SMC SITE(S) DO YOU FREQUENT? (CHECK ALL THAT APPLY)

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|---|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Butts Co. (Jackson) | <input type="checkbox"/> Decatur | <input type="checkbox"/> Griffin (Hope Health) | <input type="checkbox"/> Riverdale |
| <input type="checkbox"/> Cleveland (East Point) | <input type="checkbox"/> Forest Park | <input type="checkbox"/> Lovejoy | <input type="checkbox"/> Norcross |
| <input type="checkbox"/> Care Center at Dobbs Elem. | <input type="checkbox"/> Gresham | <input type="checkbox"/> Main Center | |
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2. WHICH OF THE FOLLOWING SMC SERVICES DO YOU CURRENTLY USE? (CHECK ALL THAT APPLY)

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|--|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Adult/Family Medicine | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Optometry | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Dental | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Pharmacy |

3. WERE YOU AWARE THAT SMC OFFERED ALL OF THE SERVICES LISTED ABOVE? Yes No

4. IF YOU ANSWERED 'NO' TO QUESTION 3, WHICH SERVICE(S) WERE YOU NOT AWARE THAT SMC OFFERED? (CHECK ALL THAT APPLY)

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|--|---|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Adult/Family Medicine | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Optometry | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Dental | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Pharmacy |
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5. WHICH OF THE FOLLOWING HAVE YOU USED TO REQUEST/SCHEDULE AN APPOINTMENT AT SMC? (CHECK ALL THAT APPLY)

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|--|--|
| <input type="checkbox"/> Phone call to SMC | <input type="checkbox"/> Received a postcard |
| <input type="checkbox"/> Appointment scheduled at check out | <input type="checkbox"/> Patient Portal |
| <input type="checkbox"/> Staff member contacted you by phone | <input type="checkbox"/> SMC website |

6. DO YOU SCHEDULE YOUR OWN APPOINTMENTS? Yes No, someone else (friend/family member) schedules my appointments for me

7. HAVE YOU EVER VISITED/USED SMC'S WEBSITE (www.southsidemedical.net)? Yes No

8. ON A SCALE OF 1 TO 5 (5 BEING THE BEST):

How satisfied are you with the level of care you're receiving from providers and staff? _____

How well do you feel the providers listen to your concerns and communicate with you? _____

9. LIST 1 OR 2 THINGS THAT SMC DOES WELL.

10. LIST 1 OR 2 THINGS THAT SMC COULD DO TO IMPROVE ITS SERVICES AND/OR CARE.