

Adolescent and Young Adult Patient Exit Survey
~ English Version - Age 10-13 ~

We want to know if we're doing a good job providing health care to patients your age. Please complete this 5-7 minute survey to let us know. Your comments will be used to make improvements to our clinic and health care services. This survey is completely CONFIDENTIAL. Your individual answers will not be shared with anyone.

What is your age? _____		What is your sex/gender? _____		
What is your race/ethnicity? <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (please specify) _____				
Why did you come into the clinic today? <input type="checkbox"/> Physical or Check-Up <input type="checkbox"/> Sick Visit <input type="checkbox"/> Mental Health Visit <input type="checkbox"/> Other (please specify) _____				
Is this the first time you met the doctor you saw today? <input type="checkbox"/> Yes <input type="checkbox"/> No				
At today's visit, did the doctor				
	Yes	No	Not sure	Prefer not to answer
listen to everything you said?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask about how you are feeling physically (such as healthy weight or body changes) and emotionally (such as feeling sad or too nervous or being in unsafe relationship)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
talk to you without your parent or guardian in the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell you that they would not tell anyone what you talked about (unless they were concerned your would hurt yourself or others)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make sure that you could understand what they were saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spend enough time with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make you feel comfortable to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share how you feel about getting health care at this clinic.				
	Yes	No	Not sure	Prefer not to answer
I can get the things I need to learn about my health at this clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable talking to my doctor about private topics (my health, my life at home, and the things I like to do.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health services I can get by myself without my parent knowing or saying it is OK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to call or email my doctor or the clinic if I have any questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting area has things that I am interested in looking at.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The front desk staff are nice to young people like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other young people like me should come to this clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How happy are you with your visit today? (Choose one option between 1 and 5. 1=not at all happy, 5=very happy)				
1=Not at all happy	2	3	4	5=Very happy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What did you like most about the visit today?				
What would have made the visit better for you?				
Is there anything else you would like to share?				

Thank you for completing this survey and helping us improve our clinic!