

**Adolescent and Young Adult Patient Exit Survey**  
**~ English Version - Age 14-17 ~**

*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? _____					
<b>What is your race/ethnicity?</b> <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) _____						
<b>Why did you come into the clinic today?</b> <input type="checkbox"/> Physical or Check-Up <input type="checkbox"/> Sick Visit <input type="checkbox"/> Mental Health Visit <input type="checkbox"/> Other (please specify) _____						
<b>Is this the first time you met the provider (doctor or nurse) you saw today?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>At today's visit, did the provider (doctor or nurse)...</b>						
	Yes	No	Not sure	Prefer not to answer		
ask about your physical health (such as healthy weight, exercise, body change) and mental health (feeling sad, stressed, anxious or being in unsafe relationships)?	□	□	□	□		
let you know that certain things you talked to them about will be kept confidential (meaning that what you talked about would not be shared with anyone else)?	□	□	□	□		
spend enough time with you?	□	□	□	□		
<b>At today's visit, did the provider (doctor or nurse)...</b>						
	Not at all	Some of the time	Not sure	Most of the time	The entire time	Prefer not to answer
listen carefully to you?	□	□	□	□	□	□
talk privately with you (without anyone in the room)?	□	□	□	□	□	□
explain things in a way you can understand?	□	□	□	□	□	□
make you feel comfortable to ask any type of question?	□	□	□	□	□	□

Please give your opinion about getting health care at this clinic.

	Disagree	Somewhat Disagree	Not sure	Somewhat agree	Agree	Prefer not to answer
At this clinic, I can get information to better understand issues affecting my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I can be honest when talking to my provider (doctor or nurse) about my health, personal life, and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what health services I can get on my own without my parents knowing or saying it is OK ("confidential services").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to contact my provider (doctor or nurse) or the clinic if I have any questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting area is welcoming to teens like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The front desk staff are welcoming to teens like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this clinic to other teens like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your overall satisfaction with your visit today?

Not at all satisfied	Slightly dissatisfied	Neither dissatisfied or satisfied (neutral)	Slightly satisfied	Very satisfied
<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!**