

Adolescent and Young Adult Patient Exit Survey
~ English Version - Age 18-25 ~

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 provider (doctor or nurse) you saw today? <input type="checkbox"/> Yes <input type="checkbox"/> No						
At today's visit, did the provider (doctor or nurse)...						
	Yes	No	Not sure	Prefer not to answer		
ask about your physical and mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 unless they were concerned you would hurt yourself or others)?	<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"/>		
At today's visit, did the provider (doctor or nurse)...						
	Not at all	Some of the time	Not sure	Most of the time	The entire time	Prefer not to answer
listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
talk privately with you (without anyone in the room)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
explain things in a way you can understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make you feel comfortable to ask any type of question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 will not be described in detail on insurance billing to protect my confidentiality.	<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 young adults 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 young adults 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 young adults 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!