

Patient Satisfaction Survey

	Great	Fair	Poor
1. I understand the explanation of my/my child's diagnosis.	1	2	3
2. The care provider adequately answers my questions.	1	2	3
3. The medical staff provides a clear explanation of the medications, medication suppliers, lab results, and treatment plans.	1	2	3
4. The medical staff provides a clear explanation of research studies for which I/my child qualifies.	1	2	3
5. The physical therapist evaluation addresses my concerns about joint health.	1	2	3
6. The time spent with the medical social worker addresses my concerns.	1	2	3
7. The dental evaluation addresses my concerns about oral health.	1	2	3
8. This amount of time spent at my clinic visit is acceptable.	1	2	3
9. When I call CBDC, the staff addresses my needs and/or concerns adequately and in a timely manner.	1	2	3
10. The pharmacy staff meets my factor needs and addresses any concerns in a timely and professional manner.	1	2	3

Comments:

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What other services or programs would you like to see offered through our Center?

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Thank you for taking the time to answer this survey.

Optional information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_