

**OLDER ADULT**

**EXPERIENCE SURVEY**

**(Add program/clinic name, logo)**

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| --- |
| Thank you for taking the time to complete this survey. Your anonymous feedback about your experience as a patient/client with the (add program/clinic name) will help us to improve care and services. Your responses will be kept confidential and will not affect your current or future care. |

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| --- | --- | --- |
| Check one box:  □ **I am completing this survey on my own**  □ **Someone is providing physical assistance to help me complete this survey** |  | **Today’s Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MM/DD/YYYY |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Please read the statements below and circle the number to the right that best describes your experience with this program/clinic:** | **1 = NO**  **definitely not** | |  | | | **5 = YES definitely** | |
|  | | | | | | |
| 1 | The time I had to wait for my first appointment was reasonable | 1 | 2 | | 3 | 4 | | 5 |
| 2 | Someone was available to talk to me if I needed it | 1 | 2 | | 3 | 4 | | 5 |
| 3 | My concerns were addressed | 1 | 2 | | 3 | 4 | | 5 |  |  |  |  |
| 4 | Information was given in a way I could understand | 1 | 2 | | 3 | 4 | | 5 |
| 5 | I was treated with respect | 1 | 2 | | 3 | 4 | | 5 |
| 6 | I was included in making decisions about my care,  as much as I wanted to be | 1 | 2 | | 3 | 4 | | 5 |
| 7 | Time was taken to learn about me as a person | 1 | 2 | | 3 | 4 | | 5 |
| 8 | I had confidence in the people I saw | 1 | 2 | | 3 | 4 | | 5 |
| 9 | I will be able to use the advice I was given | 1 | 2 | | 3 | 4 | | 5 |
| 10 | The (add program/clinic name) met my needs | 1 | 2 | | 3 | 4 | | 5 |
| 11 | I was referred to other programs / services that I needed | 1 | 2 | | 3 | 4 | | 5 |
| 12 | It was clear who would receive information about my care | 1 | 2 | | 3 | 4 | | 5 |
| 13 | **Overall, at the** (add program/clinic name) **I had a:**  0 1 2 3 4 5 6 7 8 9 10  (0=poor experience) (10=excellent experience) | | | | | | | |
|  | | | | | | | | |
| 14 | **I would recommend this program to family or friends, if they needed it** |  | | | | | | |
| 1 | 2 | | 3 | 4 | | 5 |

**PLEASE TURN THE PAGE OVER FOR REMAINING QUESTIONS**

|  |  |
| --- | --- |
| 15 | **What could be improved?** |
| 16 | **What worked well?** |

|  |
| --- |
| **Please provide the following information:**  **My Age:**  □ under 65 □ 65-69 □ 70-74 □ 75-79 □ 80-84 □ 85-89 □ 90-94 □ 95+  □ I prefer not to answer  **My Gender:**  □ Woman □ Man □ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ I prefer not to answer |

**THANK YOU!**

(Add directions re: method to return completed survey to the program/clinic)