



Pap Clinic Patient Satisfaction Survey

Patient Survey - English

PAP Clinic Encounters

Thank you again for completing your last Pap screening with East Boston Neighborhood Health Center. To help us continually improve, please answer a few short questions about your experience. Your responses will be processed by a third-party survey research firm with results combined and reported with those of other respondents.

1: How helpful was it to you that the center reached out to you to offer a Pap test?

- Very Helpful Somewhat Helpful Not Helpful

2: Do you think that you would have scheduled a Pap test in the next 6 months if the center had not reached out to you to schedule?

- Yes No Don't Remember/Not Sure

3: When you were contacted by phone, how would you rate the courtesy and helpfulness of the phone attendant who scheduled your test?

- Poor Fair Good Excellent NA

4: How would you rate the convenience of the day and time that you scheduled the test?

- Poor Fair Good Excellent NA

5: About how long did the entire test take from the time you arrived until you left?

- Less than 30 min Over 45 min - 1 hour Over 2 hours
 Over 30 min - 45 min Over 1 hour - 2 hours Don't Remember/Not Sure

5a: How would you rate your satisfaction with this duration of ____ for your Pap test?

- Poor Fair Good Excellent NA

6: How would you rate the courtesy and helpfulness of the Medical Assistant who helped the provider administer the Pap test?

- Poor Fair Good Excellent NA

7: How would you rate the courtesy and helpfulness of the Provider who administered the Pap test?

- Poor Fair Good Excellent NA

8: How would you rate the overall quality of how the Pap test procedure was administered?

- Poor Fair Good Excellent NA

9: Were all of your expectations met during the Pap test?

- Yes No Don't Remember/Not Sure

[If No] Please describe how the center could have better met your expectations during this visit:

10: How likely will you be to schedule another Pap test with East Boston Neighborhood Health Center in the future when you receive a reminder?

- Very Likely Somewhat Likely Not Likely Not Sure (Live out-of-town)

11: How would you rate your overall satisfaction with your Pap test experience?

- Poor Fair Good Excellent NA

12: Do you have any comments or suggestions related to this experience?

Would you like for someone from the center to contact you to discuss any concerns expressed in this survey?

- Yes No