

## **NTC COMMUNITY CLINICS**

PO Box 39368 | Ninilchik, AK 99639 Ph. (907)567-3970 | Fx. (907)567-3902 www.ninilchiktribe-nsn.gov

## PATIENT SATISFACTION SURVEY

Thank you for giving us the opportunity to serve you better. Please take a few minutes to tell us about your experience.

Name: (C	Optional)		Date: Was your wait time to see your provider reasonable? Yes D No D			
	on with Clini and professi No 🗆					
Would you be interesting receiving appointment reminders by text message?			informati	Did you provider supply helpful information and listen to your concerns?		
Yes 🗆	No 🗆		Yes 🗆	No 🗆		
Based or	n your exper	ience, will you continue us	ing services here at	the clinic?		
Ve	ery Likely	Somewhat likely	Not very Likely	Not Likely		

Please rate your satisfaction with the following aspects of our services:

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
Overall experience					
Quality of care by provider					
Contacting clinic on phone					
Ability to get appointments					

Any additional comments?