

Adolescent and Young Adult Patient Exit Survey – SAMPLE CLINIC

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 health (such as healthy weight, exercise, body change) <u>and</u> mental health (feeling sad, stressed, anxious or being in unsafe relationships)?	□	□	□	□		
let you know that certain things you talked to them about will be <u>kept confidential</u> (meaning that what you talked about would not be shared with anyone else)?	□	□	□	□		
<u>spend enough</u> time with you?	□	□	□	□		
Did your provider talk with you about sensitive topics today (such as bullying, use of tobacco, alcohol, or drugs, sexual orientation, gender identity, sexual activity, depression, suicide, safe relationships)? <input type="checkbox"/> Not at all <input type="checkbox"/> One or two topics <input type="checkbox"/> Several topics						
If your provider didn't talk with you about any sensitive topics today, would you want them to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My provider talked about the topics I was interested in						
Did your provider talk with you about your strengths or what is going well for you (such as things you like to do, participation in sports or other activities, helping others, making healthy decisions on your own, getting along with people, spirituality)? <input type="checkbox"/> Not at all <input type="checkbox"/> One or two topics <input type="checkbox"/> Several topics						
If your provider didn't talk with you about any of our strengths, would you want them to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My provider talked about the topics I was interested in						
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
<u>listen carefully</u> to you?	□	□	□	□	□	□
talk <u>privately</u> with you (without anyone in the room)?	□	□	□	□	□	□
<u>explain things</u> in a way you can understand?	□	□	□	□	□	□
make you <u>feel comfortable</u> to ask any type of question?	□	□	□	□	□	□

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 I can get on my own without my parents knowing or saying it is OK ("confidential services").	<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 teens 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 teens 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 teens 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!