

TO COMPLETE THIS SURVEY
ONLINE VISIT
CALLEN-LORDE.ORG/SURVEY

LOCATIONS

**Callen-Lorde Community
Health Center: Main Site**
356 West 18th Street
New York, NY 10011

**Callen-Lorde Seventeen:
Thea Spyer Center for
Integrated Health**
230 West 17th Street
New York, NY 10011



Patient Experience Survey

This survey is anonymous.
Please do not write your
name on this survey!

ALL PATIENTS PLEASE COMPLETE:

What do you like most about Callen-Lorde?

If you could change one thing about Callen-Lorde, what would it be?

Please tell us ways that Callen-Lorde can be more competent or sensitive to issues related to your identity or your culture.

Other comments or feedback:

IF YOU IDENTIFY AS TRANSGENDER OR GENDER NON-CONFORMING, PLEASE ANSWER THE FOLLOWING QUESTIONS:

What trans-specific services would you like to receive at Callen-Lorde that we do not offer now?

IF YOU ARE HIV POSITIVE PLEASE ANSWER THE FOLLOWING QUESTIONS:

If you cannot afford your medication co-pays, do you know how to get assistance in obtaining your medications?

- Yes No

IF YOU ARE IN NEED OF WOMEN'S HEALTH CARE SERVICES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

What services can Callen-Lorde provide for your ongoing health care as you age?

TELL US ABOUT YOURSELF

How old are you?

- HOTT patient (13-23)
 21-29 (Adult program)
 30-49
 50-64
 65 or older

Which of these best describes your gender? (Please choose one)

- Woman
 Man
 Transgender Woman (MTF)
 Transgender Man (FTM)
 Gender non-conforming (GNC)
 Other: _____

Do you identify as transgender/gender non-conforming?

- Yes
 No

Which of these best describes your sexual orientation? (Please choose one.)

- Lesbian
 Gay
 Bisexual
 Queer
 Straight
 Other: _____

What is your race/ethnicity? (Please choose all that apply).

- Black/African-American
 Latino/a or Hispanic
 Native Hawaiian/Pacific Islander
 White/Caucasian
 Asian
 American Indian/Alaskan Native
 Other: _____

What is the highest grade or level of school that you have completed?

- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

How would you rate your overall health?

- Excellent
 Very good
 Good
 Fair
 Poor

What is your HIV status?

- Positive
 Negative
 I don't know/I haven't been tested in the past 3 years

Do you consider us to be your primary care provider for medical services?

- Yes
 No

How long have you been a patient at Callen-Lorde?

- Today is my first visit
 Less than a year
 1-2 years
 3-5 years
 More than 5 years



EXPERIENCE WITH MEDICAL CARE

In the last 12 months, how would you rate your overall experience with your medical provider?

- Excellent
- Very good
- Good
- Fair
- Poor

In the last 12 months, how often did your medical provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

In the last 12 months, how would you rate your medical provider's ability to listen to you and understand your concerns?

- Excellent
- Very good
- Good
- Fair
- Poor

In the last 12 months, how often did your medical provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

In the last 12 months, how often did your medical provider seem informed and up-to-date about care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

In the last 12 months, did anyone at Callen-Lorde talk with you about specific goals for your health?

- Yes
- No

In the last 12 months, did anyone at Callen-Lorde ask if there are things that make it hard for you to take care of your health?

- Yes
- No

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VISIT
[SURVEYMONKEY.COM/S/CLRaffleEntry](https://www.surveymonkey.com/s/CLRaffleEntry)

EXPERIENCE ACCESSING CARE

In the last 12 months, when you tried to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

Wait time includes time spent in the waiting room AND exam room. In the last 12 months, when you arrived **on time**, how often did you see your provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

In the last 12 months, how would you rate your overall experience at Callen-Lorde?

- Excellent
- Very good
- Good
- Fair
- Poor

In the last 12 months, how would you rate our staff's level of respect and courtesy towards you?

- Excellent
- Very good
- Good
- Fair
- Poor

In the last 12 months, how would you rate our ability to treat your personal health information in a confidential manner?

- Excellent
- Very good
- Good
- Fair
- Poor

EXPERIENCE WITH OTHER STAFF

In the last 12 months, how often were the following staff as helpful as you thought they should be?

Call Center staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Front desk staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Patient Accounts/Billing staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Referrals staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Nursing staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Prescription Renewals staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Phlebotomy/Laboratory staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Pharmacy staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always
Dental staff	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Usually	<input type="checkbox"/> Always