

## Sample questions

One of the best practices identified in our Standards of Care states the following:

*Adolescent specific client satisfaction surveys are regularly distributed to adolescents and service improvements are addressed.*

In an effort to support our partner clinics in meeting that best practice, we have developed some sample questions that can be used on an adolescent-specific patient satisfaction survey. We gathered feedback on these questions from a local group of young people and made adaptations based on their feedback.

We created the survey questions to answer how well you are meeting the following four Standards of Care and best practices.

- Standard 1:** Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care.
- Standard 2:** Make services accessible and facilities welcoming to adolescents.
- Standard 3:** Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religious, language, educational level, sex, gender and sexual orientation.
- Standard 4:** Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.

The remaining three standards are better measured by other measurement tools.

The questions that follow are a starting point for your client survey. You can use all or some of these questions based on what you are trying to learn. You can also add questions to get additional feedback about your services.

This document includes the questions in two formats:

1. By the standard they measure
2. In a sample survey template to be adapted to your clinic

## Adolescent Specific Satisfaction Survey – Sample Questions

### Standard 1

#### **Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive**

Think about your visit today and let us know how much you agree or disagree with the following statements:

1. I was offered time alone to talk with the health care provider I saw today (without my parent or guardian).
  - Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
  - Yes
  - No
  - Not Sure
  - Not Applicable – I did not come with a parent or guardian
  
2. I was told I could get sexual health services without permission from my parent or guardian.
  - Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
  
3. I trust my confidentiality is respected at this clinic. (Confidentiality means that no one outside the clinic will know about your visit without your permission).
  - Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
  
4. I feel comfortable at this clinic.
  - Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure

### Standard 2

#### **Make services accessible and facilities welcoming to adolescents.**

Think about your visit today and let us know how much you agree or disagree with the following statements:

5. The staff helped me figure out how to pay for my services (for example, helped me use my insurance, told me there was no fee, helped me sign up for assistance, made a payment plan for me.)
  - Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure

6. The clinic staff was respectful and friendly.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
7. I was able to make this appointment at a time that was convenient for me.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure

### Standard 3

**Deliver patient-centered care that is sensitive to each adolescent's culture, ethnicity, community values, religious, language, educational level, sex, gender and sexual orientation.**

Think about your visit today and let us know how much you agree or disagree with the following statements:

8. The people working at the clinic are non-judgmental.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
9. My culture and identity were understood and valued.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
10. The staff respected me and my concerns.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
11. Everything was explained to me before it happened.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure
12. I felt comfortable asking questions.
- Strongly Disagree
  - Disagree
  - Agree
  - Strongly Agree
  - Not Sure

13. My questions were answered well.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

#### Standard 4

**Screen all adolescents for sexual and reproductive health issues, including substance use and mental health concerns, and provide appropriate education, counseling, care or referral.**

14. My health care provider asked me about my sexual health

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

15. I can get my sexual health questions answered at this clinic.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- Not Sure

16. If you needed services for something other than what you came in for today:

- a. Did the clinic staff give you a list of other services that might be able to help?
  - Yes
  - No
  - No referral needed
- b. Did they offer to help you connect to that service within the clinic or community?
  - Yes
  - No
  - No referral needed

17. Would you recommend this clinic to a friend?

- Yes
- No
- Not sure

#### **Open Ended Questions. Pick 1-2 that you are most interested in.**

18. Anything else you would like to tell us about your visit?

19. Anything you think we should do differently?

20. Anything you particularly liked about your visit with us today?

21. Would you use this clinic again in the future?

- Yes
- No
- Not sure
- Please explain

*Note: These questions are written for a survey given to clients at the end of their visit. If instead you send your surveys to clients after their visit, you will need to adjust the questions accordingly. For example, change the wording in the first question to, "think about your last visit and let us know how much you agree or disagree with the following statements:"*

## Questions in a survey format

Clinic Name

Think about your visit today and let us know how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Doesn't Apply
I was offered time alone to talk with the health care provider (without my parent or guardian).	<input type="radio"/>					
I was told I could get sexual health services without permission from my parent or guardian.	<input type="radio"/>					
I trust my confidentiality is respected at this clinic. (Confidentiality means that no one outside the clinic will know about your visit without your permission).	<input type="radio"/>					
I feel comfortable at this clinic.	<input type="radio"/>					
The staff helped me figure out how to pay for my services (for example, helped me use my insurance, told me there was no fee, helped me sign up for assistance, made a payment plan for me.)	<input type="radio"/>					
The clinic staff was respectful and friendly.	<input type="radio"/>					
The clinic staff was respectful and friendly.	<input type="radio"/>					
I was able to make this appointment at a time that was convenient for me.	<input type="radio"/>					
The people working at the clinic are non-judgmental.	<input type="radio"/>					
My culture and identity were understood and valued.	<input type="radio"/>					
The staff respected me and my concerns.	<input type="radio"/>					
Everything was explained to me before it happened.	<input type="radio"/>					
I felt comfortable asking questions.	<input type="radio"/>					
My questions were answered well.	<input type="radio"/>					
My health care provider asked me about my sexual health	<input type="radio"/>					
I can get my sexual health questions answered at this clinic.	<input type="radio"/>					

Did you get what you came here for today?

- Yes
- No

If you needed services for something other than what you came in for today:

- a. Did the clinic staff give you a list of other services that might be able to help?
  - Yes
  - No
  - No referral needed
- b. Did they offer to help you connect to that service within the clinic or community?
  - Yes
  - No
  - No referral needed

Would you recommend this clinic to a friend?

- Yes
- No
- Not sure

**Open Ended Questions. (Pick 1-2 that you are most interested in.)**

22. Anything else you would like to tell us about your visit?

23. Anything you think we should do differently?

24. Anything you particularly liked about your visit with us today?

25. Would you use this clinic again in the future?

- Yes
- No
- Not Sure

Please explain