

## Tell us about your visit today

We want to hear about your experience at the clinic today. Your feedback will help us learn what we are doing well and what we can do to improve your experience. This survey is part of an initiative, led by the National Association of County and City Health Officials (NACCHO) and funded by the Centers for Disease Control and Prevention (CDC), to learn about sexually transmitted infection (STI) services across the country.

Your responses are anonymous and will only be seen by members of the evaluation team; the staff you saw today will only see summary information from everyone who responds to this survey. If you have any questions or concerns, you may contact Samantha Ritter at [sritter@naccho.org](mailto:sritter@naccho.org).

**Please check the box that best represents your experience today.**

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion/ NA
1. The clinic hours are convenient for my schedule.	<input type="checkbox"/>				
2. The length of time I waited was ok.	<input type="checkbox"/>				
3. The amount of time I spent with staff during my visit felt right.	<input type="checkbox"/>				
4. The services I received addressed my needs.	<input type="checkbox"/>				
5. I have confidence in the staff I met.	<input type="checkbox"/>				
6. I felt respected during my time at the clinic.	<input type="checkbox"/>				
7. Overall, I am satisfied with my visit.	<input type="checkbox"/>				

8. What is most important to you when you choose a location to receive testing? **(Select one)**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cost                       | <input type="checkbox"/> Convenient hours           | <input type="checkbox"/> Safety       |
| <input type="checkbox"/> Wait time                  | <input type="checkbox"/> High quality care          | <input type="checkbox"/> Cleanliness  |
| <input type="checkbox"/> Being treated with respect | <input type="checkbox"/> Location of clinic         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Confidentiality            | <input type="checkbox"/> Fast turnaround of results |                                       |

9. On a scale from 1 to 10, how likely are you to recommend testing at this clinic to someone you know?

**Extremely unlikely**

**Extremely likely**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |

10. What can we do to improve our services?

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11. Please share any additional comments.

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## Tell us about yourself

12. What is your age? \_\_\_\_\_
13. How would you describe yourself? (Check all that apply)
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White or Caucasian
  - Prefer not to say
  - Not listed: \_\_\_\_\_
14. How would you describe yourself?
- Hispanic, Latino/a/x, or Spanish origin
  - Not of Hispanic, Latino/a/x, or Spanish origin
15. How would you describe yourself?
- Female
  - Male
  - Non-binary
  - Transgender
  - Prefer not to say
  - Not listed: \_\_\_\_\_
16. What sex is listed on your birth certificate?
- Female
  - Male
  - Prefer not to say
17. What is your zip code? \_\_\_\_\_

**Thank you for taking this survey!**

### Optional questions to add

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion/ NA
The clinic is in a convenient location.	<input type="checkbox"/>				
The clinic setting makes me feel comfortable	<input type="checkbox"/>				
The check-in kiosk was easy to use.	<input type="checkbox"/>				
The intake process was clear.	<input type="checkbox"/>				
The staff treated me with respect.	<input type="checkbox"/>				
I felt comfortable self-collecting samples.	<input type="checkbox"/>				
The instructions I was given to self-collect samples were easy to understand.	<input type="checkbox"/>				
I was provided with information about why I needed certain tests in a way that was easy to understand.	<input type="checkbox"/>				
I felt in control over the services I received today.	<input type="checkbox"/>				

Why did you come to this site today?

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cost                       | <input type="checkbox"/> Convenient hours           | <input type="checkbox"/> Safety       |
| <input type="checkbox"/> Wait time                  | <input type="checkbox"/> High quality care          | <input type="checkbox"/> Cleanliness  |
| <input type="checkbox"/> Being treated with respect | <input type="checkbox"/> Convenient location        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Confidentiality            | <input type="checkbox"/> Fast turnaround of results |                                       |

What other services would you like to see offered at this clinic?

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Have you received testing at this clinic before?

- Yes
- No
- Not sure

If yes, why did you come back to this clinic? \_\_\_\_\_

How do you prefer to receive test results?

- Electronically through a patient portal
- Phone call
- Text message
- In person
- Other: \_\_\_\_\_

How do you describe your sexual orientation?

- Bisexual
- Gay/Lesbian/Same-gender loving
- Straight/Heterosexual
- Questioning/unsure
- Not listed: \_\_\_\_\_
- Prefer not to say