

Please help us to make our clinic better for you!

We want to make your visit as pleasant as possible. We value your opinion and experience here, and are looking for ways to make Grant Park Clinic better for you! **This is an anonymous survey**, and it will only take a few minutes. It will not be connected to your record or your treatment. In fact we do not even ask your name for this survey.

Male Female Age _____ Race /Ethnicity _____

1. Did you drive a long way to get here? yes no How many miles?
(circle below)

less 5 10 15 20 25 30 35 40 45 50 55 60 more

How many minutes? (circle below)

less 5 10 15 20 25 30 35 40 45 50 55 60 more

Why did you choose Grant Park Clinic? _____

How did you find out about Grant Park Clinic?

Did you make an appointment? I made an appointment. Walk in

Is this your first time here? yes no.

Do you have insurance? yes no

Do you tell your friends or family about Grant Park Clinic? yes no

If no, why not? _____

Was there any service you wanted, that we do not provide? _____

Thank you for choosing Grant Park Clinic
If you are happy, tell others! If not, tell us!