1. **Which provider did you receive care from in the last 6 months?**

🞏Vera Hopper 🞏 Amber “Brooke” Spicer 🞏Allyson Williams 🞏Layla Fugate 🞏Brandi McCoy

1. **Is this your Primary Care Provider who you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?**

🞏 Yes 🞏No

1. **How long have you been going to this provider?**

🞏 Less than 6 months 🞏 At least 6 months but less than 1 year

🞏 At least 1 year but less than 3 years 🞏 At least 3 years but less than 5 years

🞏 5 years or more

1. **In the last 6 months, how many times did you visit this provider to get care for yourself?**
2. **In the last 6 months, if you contacted this provider’s office 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

1. **In the last 6 months, did you make any appointments for a check-up or routine care with this provider?**

🞏 Yes 🞏No

1. **In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question the same day?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often did this provider listen carefully to you?**

🞏 Never 🞏Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often did this provider seem to know the important information about your medical history?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often did this provider show respect for what you had to say?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often did this provider spend enough time with you?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow-up to give you those results?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?**
2. **In the last 6 months, how often did you and someone from this provider’s office talk about all the prescription medicines you were taking?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often were receptionists at this provider’s office as helpful as you thought they should be?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **In the last 6 months, how often did receptionists at this provider’s office treat you with courtesy and respect?**

🞏 Never 🞏 Sometimes 🞏 Usually 🞏 Always

1. **What services could be added to help KMHA meet its mission or to meet the needs of the community?**

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **In general, how would you rate your overall mental or emotional health?**

🞏 Excellent 🞏 Very Good 🞏 Good 🞏 Fair 🞏 Poor

1. **What is your age?**

🞏 18 to 24 🞏 25 to 34 🞏 35 to 44 🞏 45 to 54 🞏 55 to 64 🞏 65 or older

1. **Are you male or female?**

🞏 Male 🞏 Female

1. **What is the highest grade or level of school that you have completed?**
2. **Are you Hispanic or Latino origin or descent?**

🞏 Yes 🞏 No

1. **What is your race?**

🞏 White 🞏 Black or African American 🞏 Native Hawaiian or Other Pacific Islander

🞏 Asian 🞏 American Indian or Alaska Native 🞏 Other

1. **How did you hear about Kentucky Mountain Health Alliance?**

🞏 Internet 🞏 Radio 🞏 Flyers 🞏 Friend / Family 🞏 Other

**\*\*If you chose Other, please list below how you heard about us: \*\***

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1. **Standard operating hours are Monday – Friday (7:30 AM to 5:00 PM). Does the days and hours give you sufficient time to meet your service needs?**

🞏 Yes 🞏 No

**\*\* If No please explain how we can better serve you: \*\***

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**Thank You**