

Behavioral Health Services Patient Satisfaction Survey

Please answer the following questions by filling in the bubble with a blue or black pen or pencil.



PROPER MARK

IMPROPER MARKS

Visits with Your Practitioner

Thinking about the visit specified in the letter, please indicate the type of practitioner you saw:

1. Please pick one:

- ☐ Mental health therapist or counselor (Master's degree)
- ☐ Psychiatrist (MD/DO)
- ☐ Psychologist (PhD)

- ☐ Chemical Dependency (alcohol or drug) counselor
- ☐ Nurse Practitioner (ARNP)
- ☐ Don't know

Thinking about practitioner whom you saw on the visit indicated in the letter, how would you rate:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable
2. How prepared this practitioner was for your visits.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attention this practitioner paid to what you had to say.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How well this practitioner understood your concerns.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Thoroughness and competence of this practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Length of time between visits with this practitioner (if you've only seen this practitioner once, mark Not Applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continuing to think about the visit(s) you've had with the practitioner on the date identified in the letter, please rate your agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable			
7. This practitioner focused on achieving the goals for my counseling or treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
8. This practitioner gave me as much information as I wanted about what I could do to manage my condition.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
9. This practitioner and other behavioral health practitioners, if any, worked as a team in coordinating my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
10. This practitioner and my primary medical doctor, if involved, worked as a team in coordinating my care.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
11. How likely would you be to recommend this practitioner to a friend or family member?									
	←Would definitely NOT recommend			Would definitely recommend→					
	1	2	3	4	5	6	7	8	9
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Calling to Arrange for a Referral

Your first call to Behavioral Health Services (before you had been matched with a practitioner) was with staff employed by Group Health. Thinking back to that **PHONE CALL** you made to **GROUP HEALTH** Behavioral Health Services to get a referral, please rate your agreement with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
12. The person I talked with was friendly and helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The person I talked with matched me with a practitioner who was right for my needs and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The first appointment was as soon as I wanted it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavioral Health Service in General

Thinking about the counseling or treatment you may have received through Group Health's Behavioral Health Service over the last 12 months (this would include care received at the practitioner's office listed in the letter), please respond to the following questions:

15. Friendliness and helpfulness of staff when you checked in.

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Ease of getting the counseling or treatment you believe is necessary.

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. The information I received (**materials, what staff/practitioners told me, etc.**) was consistent.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. All things considered, how satisfied are you with Group Health's Behavioral Health Service for counseling or treatment.

Completely satisfied	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Completely dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: This is a new survey. We would value any suggestions for improvement to the survey itself. Additionally, if you would like to make comments about your care, please use the space provided on the back page.

THANK YOU FOR YOUR PARTICIPATION!
Please see the next page for mailing instructions.

Additional Comments (Please use the space below for comments about your Behavioral Health visits.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

Please send completed survey back in the pre-paid envelope or send to:

**ATTN: Quality of Service
Group Health Cooperative
P.O. Box 34589
Seattle, WA 98124-1589**

If you have immediate concerns, please call Group Health Customer Service at 1-888-901-4636.

They can respond to your concern. We cannot respond to your written comments on this survey.

All comments remain anonymous during review.

Do not write below this line.

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«RequestID»

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«VISTDATE»