

## Nurse Practitioner Satisfaction Survey

**We are conducting a study of patient satisfaction regarding the use of nurse practitioners. The survey is completely confidential and only summary information will be reported in the study results. Thank you in advance for your help with this survey.**

Please indicate your degree of satisfaction with the following statements:

"SD"= Strongly Disagree "D"= Disagree "A"= Agree "SA"= Strongly Agree "U"= Uncertain

*Fill in the bubbles like this:* ●

	SD	D	A	SA	U
1. Overall I was satisfied with my visit with the nurse practitioner(NP) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am likely to recommend the NP to others _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am likely to schedule appointments with the NP in the future _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The NP was not rushed _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I would rather see the NP than my regular physician _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was able to schedule a convenient appointment with the NP. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I feel the need to see a healthcare provider, I can get an appointment with the NP without a problem _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The Woman's Hospital Employee Health clinic is easy to access _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Scheduling an appointment with the Woman's Hospital Employee Health Clinic NP is easier than scheduling with my usual physician _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My NP is a skilled healthcare provider _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My NP discusses methods other than medication to treat my problem _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am satisfied with how the NP treated me _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was satisfied with the amount of time the NP spent with me _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My NP is caring _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My NP is knowledgeable about health problems _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I trust my NP _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My NP knows when to refer to or consult with a physician _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The NP listened to what I had to say _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. The NP was interested in my health concerns _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The NP respected me _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	SD	D	A	SA	U
21. I can easily talk to the NP about my health concerns -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I understood what the NP explained to me -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I understood what the NP taught me -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The NP explained things in an understandable manner -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I feel comfortable asking the NP questions -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I feel comfortable asking my personal physician questions -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I left the NP visit with all questions answered -----	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I usually leave my personal physician's visits with all questions answered	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please choose only one response for questions 29 and 30**

**29. From past experience, who do you feel has provided healthcare that you've been most satisfied with?**

☐ Nurse Practitioner      ☐ Physician      ☐ Physician's Assistant

**30. From past experience, who do you feel has provided you with the best health education?**

☐ Nurse Practitioner      ☐ Physician      ☐ Physician's Assistant

**31. Number of times in the past year that you have seen the NP in the Employee Health Clinic at WH:**

☐ 1-5    ☐ 6-10    ☐ 11-15    ☐ 16 or more

**Number of times in the past year that you have seen a:**

**32. Physician (MD)**

☐ None  
☐ 1-5  
☐ 6-10  
☐ 11-15  
☐ 16 or more

**33. Nurse Practitioner (NP)**

☐ None  
☐ 1-5  
☐ 6-10  
☐ 11-15  
☐ 16 or more

**34. Physician's Assistant (PA)**

☐ None  
☐ 1-5  
☐ 6-10  
☐ 11-15  
☐ 16 or more

**35. Gender**

☐ Male    ☐ Female

**36. Patient Type**

☐ Woman's Hospital Employee    ☐ Family Member of Employee    ☐ Contract Employee

**37. Highest Education Level Completed**

<input type="radio"/> Less than High School Degree	<input type="radio"/> High School Degree/GED	<input type="radio"/> Some Vocational/Technical School
<input type="radio"/> Vocational/Technical School Degree	<input type="radio"/> Some College	<input type="radio"/> Associate Degree (AD)
<input type="radio"/> Bachelors Degree (BA/BS)	<input type="radio"/> Masters Degree (MA/MS)	<input type="radio"/> Doctoral Degree

**38. Age**

☐ 18-25    ☐ 26-35    ☐ 36-45    ☐ 46-55    ☐ 56-65    ☐ 66-75    ☐ 76-85    ☐ 86 and older

**39. Race**

- ☐ African American    ☐ Hispanic  
☐ Asian    ☐ Other (please specify):  
☐ Caucasian (white)    \_\_\_\_\_

**40. Employment Status**

- ☐ Unemployed    ☐ PRN/ As Needed  
☐ Full Time    ☐ Contract  
☐ Part Time    ☐ Retired

**41. Health Insurance**

- ☐ Aetna    ☐ State Employees Group  
☐ Blue Cross Blue Shield    ☐ United Healthcare  
☐ Cigna    ☐ Woman's Hospital Health Plan  
☐ Medicare/Medicaid    ☐ Other (please specify):  
☐ Ochsner    \_\_\_\_\_

**42. Marital Status**

- ☐ Single Never Married    ☐ Married/Cohabiting    ☐ Separated    ☐ Divorced    ☐ Widowed

**43. How ill are you today?**

- ☐ Very Ill    ☐ Moderately Ill    ☐ A Little Ill    ☐ Not Ill

**44. How injured are you today?**

- ☐ Very Injured    ☐ Moderately Injured    ☐ A Little Injured    ☐ Not Injured

**45. What current health problems do you currently take medication for? Please check ALL that apply.**

- ☐ High Blood Pressure    ☐ Depression/Anxiety    ☐ Asthma/Lung/Breathing Problems  
☐ HIV/AIDS    ☐ Heart Disease    ☐ Cancer  
☐ Diabetes/High Blood Sugar    ☐ High Cholesterol    ☐ Thyroid Problems  
☐ Other

**46. Number of prescription medications that you currently take:**

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**47. Your yearly net (take home) income**

- ☐ <\$25,000    ☐ \$25,001 - \$50,000    ☐ \$50,001 - \$75,000    ☐ \$75,001 - \$100,000    ☐ >\$100,001