

WHY collect patient satisfaction surveys from adolescents?

Patient satisfaction surveys offer insights on a patient's experience accessing care at your health center. The needs and concerns of your adolescent patients may differ from those of adult patients. It is important to routinely collect feedback from young people to ensure your health center is providing patient-centered care to adolescents.

STRATEGIES for collecting patient satisfaction surveys from adolescents

Find or Develop a Youth-Friendly Patient Satisfaction Survey

- Use or modify the sample surveys included at the end of this Starter Guide, which were informed by the Adolescent Health Initiative's Teen Advisory Council.
- Ask a few of your adolescent patients or a local youth advisory council to provide feedback on the [clarity!](#) of your survey.
- Implement mini-surveys, or 1-2 question surveys, to get quick feedback on an issue or initiative affecting your adolescent patients. For example, do your adolescent patients think your wait time is too long? Ask them to complete a mini-survey to gather their ideas about how to make the wait time more enjoyable at your clinic.

Create a Workflow to Collect Surveys

- It is best practice to collect patient satisfaction surveys year round. If this is not possible in your setting, determine at what point(s) in the year to collect patient satisfaction surveys from adolescents. Make your best effort to collect surveys from every adolescent patient you see during your survey collection period.
- Ask adolescents to complete the patient satisfaction survey after their visit but before checkout.
 - One option is to have the provider or medical assistant give adolescents the survey in the exam room once the visit has ended. Patients can leave the completed survey in the exam room or turn it in at check-out. Put an automated reminder in the chart or have the medical assistant put a copy of the survey in every adolescent patient's chart at the start of each day.
 - Another option is to ask adolescents to complete the survey during the check-out process.
- Collect surveys electronically if possible. Completing a survey on a tablet or laptop can help young people feel like their answers will remain anonymous and may lead to more honest responses. Use a free website, like [Survey Monkey](#)ⁱⁱ or [Google Forms](#)ⁱⁱⁱ, to create a web-based version of your survey. These websites also offer built-in functionality to make it easier to analyze survey data.
- If collecting paper surveys, increase the feeling of anonymity by providing an envelope that patients can place their completed survey in and seal before returning it.
- Offer an incentive (e.g., thank you lunch) to encourage staff collecting the surveys to reach your goal.

Review Survey Results to Inform Quality Improvement Initiatives

- Share survey results during a staff meeting to ensure all staff and providers are aware of the experiences of adolescent patients.
- Review survey results with your quality improvement team and develop a plan to address concerns identified by the survey.
- Use the same survey at least annually to compare results over time.

ⁱ https://www.cdc.gov/healthliteracy/pdf/simple_put.pdf

ⁱⁱ www.surveymonkey.com

ⁱⁱⁱ <https://www.google.com/forms/about/>

Patient Experience Survey

We would like to hear about your visit to our health center today. Please take a few minutes to complete this anonymous survey. Your opinions are important to us and help us improve our services!

How old are you? _____
What is your race/ethnicity? _____
What is your gender? _____

Health center staff answered all of my questions during my visit today.
Strongly agree Somewhat agree Somewhat disagree Strongly disagree

Health center staff clearly explained everything during my visit today.
Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I will tell health center staff my concerns even if they do not ask.
Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I know what information about my visit today will be kept private.
Strongly agree Somewhat agree Somewhat disagree Strongly disagree

I would recommend this health center to my friends.
Strongly agree Somewhat agree Somewhat disagree Strongly disagree

What else would you like us to know about your experience here?

Thank you for your feedback!

Additional questions proposed by youth council for optional inclusion:

During today's visit, I felt (check all that apply):
Comfortable Supported
Respected Welcomed
Safe None of the above

Health center staff are (check all that apply):
Accepting Professional
Approachable Nonjudgmental
Easy to understand None of the above



Patient Experience Survey

We would like to hear about your visit to our health center today. Please take a few minutes to complete this anonymous survey. Your opinions are important to us and help us improve our services!

How satisfied are you with today's visit?

- Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

How likely are you to refer a friend or family member to this health center?

- Very likely Somewhat likely Somewhat unlikely Very unlikely

What is one thing you love about this health center?

If you could change one thing about this health center, what would you change?



Patient Experience Survey

Yeah, 1. What is your age? ____ years old Gender? ____ Health Center:

2. What type of visit did you have today? Physical/Check-Up (“Well Visit”) Short visit about illness or injury

3. At today’s visit, did the provider (doctor or medical provider)...	<i>Definitely Yes</i>	<i>Mostly Yes</i>	<i>Mostly No</i>	<i>Definitely No</i>
a. <u>listen carefully</u> to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. talk <u>to you</u> (rather than to your parent/guardian)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ask about your physical <u>and</u> mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talk <u>privately</u> with you (without your parent/guardian in the room)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>show respect</u> for what you have to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <u>explain things</u> in a way that is understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <u>spend enough time</u> with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. address all of your health needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. have you <u>privately</u> fill out a survey about your health behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. treat you in <u>non-judgmental</u> way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please give your opinion about getting health care at this clinic.	<i>Definitely Yes</i>	<i>Mostly Yes</i>	<i>Mostly No</i>	<i>Definitely No</i>
a. At this clinic, I can get information to better understand issues affecting my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I will tell a provider my concerns, even if they don’t ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am completely honest when talking to my provider about my health, personal life, and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know what health services I can get without my parents knowing or saying it is OK (“confidential services”).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I know how to contact my provider or the clinic if I have any questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The reception area and office staff are welcoming to teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would recommend this clinic to other teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>