

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
*Maryland Title X Family Planning Program*  
*Client Survey*

*Please complete this client survey, which will inform us of how we may better serve you, and return to the receptionist upon leaving the clinic. Thank you.*

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| <p>1. The Clinic hours are convenient.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>2. My wait to be seen by the provider was less than 30 minutes.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>3. I understand how to take my birth control method.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>4. I was satisfied with my family planning visit.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> | <p>5. The staff was professional.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>6. I would return to the clinic for family planning services.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>7. I would recommend a friend to this clinic.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>8. It is easy to get transportation to the health clinic.<br/><input type="checkbox"/> Strongly Agree<br/><input type="checkbox"/> Agree<br/><input type="checkbox"/> Disagree<br/><input type="checkbox"/> Strongly Disagree</p> <p>9. I have the following medical coverage:<br/><input type="checkbox"/> Private Insurance<br/><input type="checkbox"/> Medicaid MCO<br/><input type="checkbox"/> Medicaid Purple and White Card<br/><input type="checkbox"/> I do not have medical coverage</p> |
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The following information is optional:

Gender:       Female       Male

Sexuality:     Straight/Heterosexual       Gay/Lesbian       Bi-Sexual       Prefer Not to Say

Race:         White       Black       Asian       American Indian       Alaskan  
               Hawaiian/Pacific Islander       Bi-racial/Multi-racial

Hispanic Origin:  Hispanic       Non-Hispanic       Unknown

Age:     <15     15-17     18-19     20-24     25-29     30-39     40-44     45+

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_