

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
*Maryland Title X Family Planning Program*  
*Annual Report Card*

*Please complete the report card for us to know how we may better serve you. Please return the report card to the identified staff person. Thank you.*

1. The Clinic hours are convenient.

- Strongly Agree
- Agree
- Strongly Disagree

2. I waited more than 30 minutes to be seen by the provider.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

3. I understand how to take my birth control method.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

4. I was satisfied with my family planning visit.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

5. The staff was professional.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

6. I would return to the clinic for family planning services.

- Strongly Agree
- Agree
- Disagree

7. I would recommend a friend to this clinic.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

8. It is easy to get transportation to the health clinic.

- Strongly Agree
- Agree
- Strongly Disagree
- Disagree

9. I have medical coverage through one or two of the following sources. Check all that apply.

- Medicaid
- Medicaid (Purple/White Card)
- Private Health Insurance
- Debit / Credit Card
- Self Pay (Debit/Credit, Cash, Check, or Money Order).

**The following information is optional:**

**Please choose one:** Gender: Male , Female  Sexuality: Bi-Sexual , Straight/Heterosexual , Gay/Lesbian , Other , Prefer Not to Say

**Race:**  Black/African American

- Caucasian
- American Indian
- Asian
- Alaska Native
- Native Hawaiian/Pacific Islander
- Ethnicity: Hispanic/Latino
- Unknown/Not Reported

**Check the age range in which you fit in to:**

**Age:**  <20 (<15, 15-17, 18-19);  >= 20 (20-24, 25-29, 30-39, 40-44, 45+)

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