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| **Please rate the following:** | **Strongly Agree**  **5** | **Agree**  **4** | **Neutral**  **3** | **Disagree**  **2** | **Strongly Disagree**  **1** |
| You received an appointment when you needed it. |  |  |  |  |  |
| The check in process was easy and efficient. |  |  |  |  |  |
| Your wait time for the provider was appropriate. |  |  |  |  |  |
| The staff was courteous. |  |  |  |  |  |
| The provider took time to answer your questions and listened to you. |  |  |  |  |  |
| The overall quality of your medical care was excellent. |  |  |  |  |  |
| The nominal fee charged by SCHC is considered a fair charge for the services rendered. |  |  |  |  |  |

Comments/Suggestions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_