

**Partners CAP
Member Satisfaction Survey - Confidential**

Directions

Shade circles like this: ●
Do not shade like this: ⊗ ⊙

Today's Date: / / 2 0 0

Please select your level of agreement with the following statements:	Always	Usually	Sometimes	Never	Does not apply to me
1) I can see a medical provider when I need to and in a reasonable amount of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) I can always afford the health services that I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) I can obtain the medicines that I need at a reasonable cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.) My doctor/practitioner understands my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I receive quality health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select if you have one or more of the following conditions (if 'none', skip to question 9):				
Diabetes	Asthma	Depression	High Blood Pressure	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have selected one or more of the above conditions please respond to the questions below:	Not a problem for me	This is a problem for me	This is a big problem
6) I have a good understanding of how to keep these conditions under control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I am following an action plan to control these conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I get medicines that I need for these conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select your level of agreement with the following statements:	Strongly Agree	Agree	Don't Know/ Not Sure	Disagree	Strongly Disagree
9) I feel that the CAP program has benefited me in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) I would recommend the CAP program to a family member, neighbor or friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your overall satisfaction with the CAP program:									
Most Satisfied					Least Satisfied				
<input type="radio"/> 10	<input type="radio"/> 9	<input type="radio"/> 8	<input type="radio"/> 7	<input type="radio"/> 6	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Please provide any other comments you have, about the CAP program and/or obtaining health services that you need, in the space provided:

If you would like the CAP staff to follow-up with you about a problem or issue please give your name and phone/e-mail:

Name: _____ Telephone: _____
E-Mail: _____

Thank you for your time.

