Nurse Practitioner Satisfaction Survey

We are conducting a study of patient satisfaction regarding the use of nurse practitioners. The survey is completely confidential and only summary information will be reported in the study results. Thank you in advance for your help with this survey.

Please indicate your degree of satisfaction with the following statements:
"SD"= Strongly Disagree   "D"= Disagree  "A"= Agree  "SA"= Strongly Agree  "U"= Uncertain

Fill in the bubbles like this:  ●

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<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
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<tr>
<td>1. Overall I was satisfied with my visit with the nurse practitioner (NP)</td>
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<td>2. I am likely to recommend the NP to others</td>
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<td>3. I am likely to schedule appointments with the NP in the future</td>
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<td>4. The NP was not rushed</td>
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<td>5. I would rather see the NP than my regular physician</td>
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<td>6. I was able to schedule a convenient appointment with the NP.</td>
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<td>7. When I feel the need to see a healthcare provider, I can get an appointment with the NP without a problem</td>
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<td>8. The Woman's Hospital Employee Health clinic is easy to access</td>
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<td>9. Scheduling an appointment with the Woman's Hospital Employee Health Clinic NP is easier than scheduling with my usual physician</td>
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<td>10. My NP is a skilled healthcare provider</td>
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<td>11. My NP discusses methods other than medication to treat my problem</td>
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<td>12. I was satisfied with how the NP treated me</td>
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<td>13. I was satisfied with the amount of time the NP spent with me</td>
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<td>14. My NP is caring</td>
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<td>15. My NP is knowledgeable about health problems</td>
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<td>16. I trust my NP</td>
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<td>17. My NP knows when to refer to or consult with a physician</td>
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<td>18. The NP listened to what I had to say</td>
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<td>19. The NP was interested in my health concerns</td>
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<td>20. The NP respected me</td>
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21. I can easily talk to the NP about my health concerns. 
22. I understood what the NP explained to me.
23. I understood what the NP taught me.
24. The NP explained things in an understandable manner.
25. I feel comfortable asking the NP questions.
26. I feel comfortable asking my personal physician questions.
27. I left the NP visit with all questions answered.
28. I usually leave my personal physician's visits with all questions answered.

*Please choose only one response for questions 29 and 30*

29. From past experience, who do you feel has provided healthcare that you've been most satisfied with?
   - Nurse Practitioner
   - Physician
   - Physician's Assistant

30. From past experience, who do you feel has provided you with the best health education?
   - Nurse Practitioner
   - Physician
   - Physician's Assistant

31. Number of times in the past year that you have seen the NP in the Employee Health Clinic at WH:
   - 1-5
   - 6-10
   - 11-15
   - 16 or more

32. Number of times in the past year that you have seen a:

   32. Physician (MD)
      - None
      - 1-5
      - 6-10
      - 11-15
      - 16 or more

   33. Nurse Practitioner (NP)
      - None
      - 1-5
      - 6-10
      - 11-15
      - 16 or more

   34. Physician's Assistant (PA)
      - None
      - 1-5
      - 6-10
      - 11-15
      - 16 or more

35. Gender
   - Male
   - Female

36. Patient Type
   - Woman's Hospital Employee
   - Family Member of Employee
   - Contract Employee

37. Highest Education Level Completed
   - Less than High School Degree
   - High School Degree/GED
   - Some Vocational/Technical School
   - Vocational/Technical School Degree
   - Some College
   - Associate Degree (AD)
   - Bachelors Degree (BA/BS)
   - Masters Degree (MA/MS)
   - Doctoral Degree

38. Age
   - 18-25
   - 26-35
   - 36-45
   - 46-55
   - 56-65
   - 66-75
   - 76-85
   - 86 and older
39. Race
☐ African American ☐ Hispanic
☐ Asian ☐ Other (please specify):
☐ Caucasian (white) ☐ Other (please specify):

40. Employment Status
☐ Unemployed ☐ PRN/ As Needed
☐ Full Time ☐ Contract
☐ Part Time ☐ Retired

41. Health Insurance
☐ Aetna ☐ State Employees Group
☐ Blue Cross Blue Shield ☐ United Healthcare
☐ Cigna ☐ Woman's Hospital Health Plan
☐ Medicare/Medicaid ☐ Other (please specify):
☐ Ochsner ☐ Other (please specify):

42. Marital Status
☐ Single Never Married ☐ Married/Cohabitating ☐ Separated ☐ Divorced ☐ Widowed

43. How ill are you today?
☐ Very Ill ☐ Moderately Ill ☐ A Little Ill ☐ Not Ill

44. How injured are you today?
☐ Very Injured ☐ Moderately Injured ☐ A Little Injured ☐ Not Injured

45. What current health problems do you currently take medication for? Please check ALL that apply.
☐ High Blood Pressure ☐ Depression/Anxiety ☐ Asthma/Lung/Breathing Problems
☐ HIV/AIDS ☐ Heart Disease ☐ Cancer
☐ Diabetes/High Blood Sugar ☐ High Cholesterol ☐ Thyroid Problems
☐ Other

46. Number of prescription medications that you currently take:

47. Your yearly net (take home) income
☐ <$25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $75,000 ☐ $75,001 - $100,000 ☐ >$100,000