**Behavioral Health Services**  
**Patient Satisfaction Survey**

Please answer the following questions by filling in the bubble with a blue or black pen or pencil.

![Circle bubbles]- Proper Mark  
![X]- Improper Marks

## Visits with Your Practitioner

**Thinking about the visit specified in the letter, please indicate the type of practitioner you saw:**

1. Please pick one:
   - [ ] Mental health therapist or counselor (Master’s degree)
   - [ ] Psychiatrist (MD/DO)
   - [ ] Psychologist (PhD)
   - [ ] Nurse Practitioner (ARNP)
   - [ ] Chemical Dependency (alcohol or drug) counselor
   - [ ] Don’t know

## Thinking about practitioner whom you saw on the visit indicated in the letter, how would you rate:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How prepared this practitioner was for your visits...............</td>
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<tr>
<td>3. Attention this practitioner paid to what you had to say ..........</td>
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<td>4. How well this practitioner understood your concerns...............</td>
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<td>5. Thoroughness and competence of this practitioner ..................</td>
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<tr>
<td>6. Length of time between visits with this practitioner (if you’ve only seen this practitioner once, mark Not Applicable) ......</td>
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</tr>
</tbody>
</table>

## Continuing to think about the visit(s) you’ve had with the practitioner on the date identified in the letter, please rate your agreement with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. This practitioner focused on achieving the goals for my counseling or treatment........................................</td>
<td></td>
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<tr>
<td>8. This practitioner gave me as much information as I wanted about what I could do to manage my condition....................</td>
<td></td>
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<tr>
<td>9. This practitioner and other behavioral health practitioners, if any, worked as a team in coordinating my care .................</td>
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</tr>
<tr>
<td>10. This practitioner and my primary medical doctor, if involved, worked as a team in coordinating my care...................</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11. How likely would you be to recommend this practitioner to a friend or family member?</td>
<td>![Circle bubbles]- Would definitely NOT recommend</td>
<td>![X]- Would definitely recommend</td>
<td>![Circle bubbles]- Would definitely NOT recommend</td>
<td>![X]- Would definitely recommend</td>
<td>![Circle bubbles]- Would definitely NOT recommend</td>
<td>![X]- Would definitely recommend</td>
</tr>
</tbody>
</table>
Calling to Arrange for a Referral

Your first call to Behavioral Health Services (before you had been matched with a practitioner) was with staff employed by Group Health. Thinking back to that PHONE CALL you made to GROUP HEALTH Behavioral Health Services to get a referral, please rate your agreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. The person I talked with was friendly and helpful</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. The person I talked with matched me with a practitioner who was right for my needs and preferences</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. The first appointment was as soon as I wanted it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Behavioral Health Service in General

Thinking about the counseling or treatment you may have received through Group Health’s Behavioral Health Service over the last 12 months (this would include care received at the practitioner’s office listed in the letter), please respond to the following questions:

15. Friendliness and helpfulness of staff when you checked in.
   - Excellent | ○
   - Very Good | ○
   - Good      | ○
   - Fair      | ○
   - Poor      | ○

16. Ease of getting the counseling or treatment you believe is necessary.
   - Excellent | ○
   - Very Good | ○
   - Good      | ○
   - Fair      | ○
   - Poor      | ○

17. The information I received (materials, what staff/practitioners told me, etc.) was consistent.
   - Strongly Agree | ○
   - Agree         | ○
   - Neutral       | ○
   - Disagree      | ○
   - Strongly Disagree | ○

18. All things considered, how satisfied are you with Group Health’s Behavioral Health Service for counseling or treatment.
   - Completely satisfied | ○
   - Very satisfied       | ○
   - Somewhat satisfied   | ○
   - Neither satisfied nor dissatisfied | ○
   - Somewhat dissatisfied | ○
   - Very dissatisfied    | ○
   - Completely dissatisfied | ○

Comments: This is a new survey. We would value any suggestions for improvement to the survey itself. Additionally, if you would like to make comments about your care, please use the space provided on the back page.

THANK YOU FOR YOUR PARTICIPATION!
Please see the next page for mailing instructions.
Additional Comments (Please use the space below for comments about your Behavioral Health visits.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

THANK YOU!
Please send completed survey back in the pre-paid envelope or send to:

ATTN: Quality of Service
Group Health Cooperative
P.O. Box 34589
Seattle, WA 98124-1589

If you have immediate concerns, please call Group Health Customer Service at 1-888-901-4636.
They can respond to your concern. We cannot respond to your written comments on this survey.
All comments remain anonymous during review.

Do not write below this line.

*↔ΡεθυεστΙ∆≈*
«RequestID»
«VISTDATE»