

**PLANNED PARENTHOOD OF GREATER NORTHERN NJ  
GIVE US A MINUTE!**

Center:\_\_\_\_\_ Date:\_\_\_\_\_ Your Age:\_\_\_\_\_ [ ] Female [ ] Male

Your country of origin:\_\_\_\_\_ Your Zip Code\_\_\_\_\_

Your Race/Ethnicity (optional):

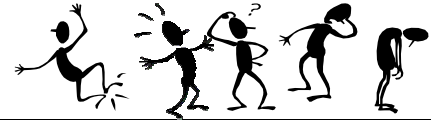
[ ] Asian [ ] Black/African American [ ] Hispanic [ ] White [ ] Other

What is the main reason you are here today:

[ ] First exam [ ] Yearly exam (annual) [ ] Infection/problem  
[ ] Pill Pick-up [ ] Pregnancy Test [ ] Other\_\_\_\_\_



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR	N/A
	5	4	3	2	1	
<b>Ease of getting care:</b>						
Easy to reach us by phone	5	4	3	2	1	N/A
Hours Center is open	5	4	3	2	1	N/A
Waiting time to get an appointment	5	4	3	2	1	N/A
Time in waiting room	5	4	3	2	1	N/A
<b>Staff: Examining Physician or Nurse Practitioner:</b>						
Listen to you	5	4	3	2	1	N/A
Take enough time with you	5	4	3	2	1	N/A
Explain what you want to know	5	4	3	2	1	N/A
Give you good advice and treatment	5	4	3	2	1	N/A
<b>Nurses and Counselors:</b>						
Respectful and helpful to you	5	4	3	2	1	N/A
Answer your questions	5	4	3	2	1	N/A
Listen to you	5	4	3	2	1	N/A
Explain what you want to know	5	4	3	2	1	N/A



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR	N/A
	5	4	3	2	1	
<b>Receptionists:</b>						
Respectful and helpful to you	5	4	3	2	1	N/A
Answer your questions	5	4	3	2	1	N/A
<b>Facility:</b>						
Convenience of Center's location	5	4	3	2	1	N/A
Parking	5	4	3	2	1	N/A
Neat and clean building	5	4	3	2	1	N/A
Comfort while waiting	5	4	3	2	1	N/A
Privacy	5	4	3	2	1	N/A
<b>Confidentiality:</b>						
Keeping my personal information private	5	4	3	2	1	N/A
<b>The likelihood of referring your friends and relatives to us:</b>	5	4	3	2	1	N/A

For how long have you been coming to our Center? \_\_\_\_\_

What do you like best about our Center? \_\_\_\_\_

What do you like least about our Center? \_\_\_\_\_

Our best ideas come from our patients. If you could change anything, what would you suggest? \_\_\_\_\_

**Thank you for completing our Survey!**

Survey may also be mailed to:  
**PPGNNJ Medical Administration**  
**196 Speedwell Ave., Morristown, NJ 07960**

**Give Us a Minute**  
**MSG 18.3.2**