

**Partners CAP  
Member Satisfaction Survey - Confidential**

**Directions**

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

Today's Date:  /  /  2 0 0

<b>Please select your level of agreement with the following statements:</b>	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"/>				
2) I can always afford the health services that I need.	<input type="radio"/>				
3) I can obtain the medicines that I need at a reasonable cost.	<input type="radio"/>				
4.) My doctor/practitioner understands my situation.	<input type="radio"/>				
5) I receive quality health care.	<input type="radio"/>				

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

<b>If you have selected one or more of the above conditions please respond to the questions below:</b>	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"/>

<b>Please select your level of agreement with the following statements:</b>	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"/>				
10) I would recommend the CAP program to a family member, neighbor or friend.	<input type="radio"/>				

<b>Please rate your overall satisfaction with the CAP program:</b>									
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.

