

## Patient Experience Questionnaire

**Instructions:** Thank you for taking the time to answer these questions. Your participation helps us make Montefiore better. Answering these questions is completely voluntary and anonymous. Your answers will not negatively affect your care or your child’s care at Montefiore in any way.

Please check the box that most closely matches how you feel about each statement. Check N/A if it is not applicable.

	Strongly Agree	Agree	Sometimes Agree	Disagree	Strongly Disagree	N/A	Comments (Optional)
<b>I trust the people who work here at the clinic.</b>							
<b>The people who work here at the clinic act in a respectful and professional way toward me.</b>							
<b>The staff here at the clinic are very good at letting me know that they value me as a person.</b>							
<b>The staff are as sensitive as possible when they ask me about difficult or frightening experiences I may have had.</b>							
<b>The staff explained to me why they asked about difficult experiences in my life (like violence and abuse).</b>							
<b>People here at the clinic really listen to what I have to say about things.</b>							
<b>When I come to the clinic I feel physically safe.</b>							
<b>When I come to the clinic I feel emotionally safe.</b>							