

Clinic Patient Data Survey

The Clinic Patient Data Survey is a new survey WAFCC is asking members to complete. The survey data will be used to increase our advocacy and funding efforts on behalf of free and charitable clinics. If you do not have data on certain questions, please provide your best estimate.

* Required

1. Email address *



2. Organization Name:

Services Provided

3. Services Provided *

Check all that apply.

- Medical
- Dental
- Behavioral Health
- Ancillary Services (Lab, Radiology, etc.)
- Pharmacy
- Other

4. Rank the FIVE most common conditions treated at your clinic in the past year. If you do not know the ranking, please provide the top five conditions treated. *

Mark only one oval per row.

	1	2	3	4	5
Asthma / COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unduplicated Patients:

The definition of unduplicated patients is: A patient with one or more contacts with the clinic during the calendar year. Unduplicated includes both new and returning patients. Unduplicated patients are only counted once. (This number is not your total patient visits.)

Below, provide the number of unduplicated patients for 2020. Use this number to provide percentages for the following sections: Gender, Age, Race, Population Density, and Language.

For example if you have 500 unduplicated patients and 300 are female and 200 are male, 60% would be female and 40% male.

5. Number of Unduplicated Patients. Use this number to provide percentages equal to 100% in the sections below.

Your Patients:
Gender

Using your unduplicated patient number provide the percentages below. The section should equal 100%

6. % Female Patients (including those identifying as female)

7. % Male Patients (including those identifying as male)

Your Patients:
Age

Using your unduplicated patient number provide the percentages below. The section should equal 100%

8. % 0-17 years old

9. % 18-64 years old

10. % 65 + years old

Your Patients:
Race

Using your unduplicated patient number provide the percentages below. The section should equal 100%

11. % American Indian or Alaska Native *

12. % Asian *

13. % Black or African-American *

14. % Native Hawaiian or Other Pacific Islander *

15. % White *

16. % Unknown *

Your Patients: Population
Density

Using your unduplicated patient number provide the percentages below. The section should equal 100%

17. % Urban: *

18. % Suburban: *

19. % Rural: *

Your Patients: Language

Please provide your best estimate.

20. What percentage of your patients require interpreter services? *

21. What language(s)?

Your Patients: Income Level

22. Choose the Federal Poverty Level that reflects your clinics protocol for treating patients.

Mark only one oval.

- At or below 100%
- At or below 200%
- At or below 250%
- Other: _____

Your
Patients:
Visits

Please provide your patients total number of visits for dental, medical, behavior health and pharmaceutical services below. Please write 0 for the services you do not provide.

23. Number of Dental Visits: *

24. Number of Medical Visits *

25. Number of Behavioral Health Visits *

26. Number of Pharmaceutical Visits *

27. Total Patient Visits (This number is the sum of dental visits, medical visits, behavioral health and pharmaceutical visits above) *

28. Number of New Patients in 2020. *

Staff and Volunteers

Please provide your best estimates.

29. How many full-time employees (30 + hours per week) work at your clinic? *

30. How many part-time employees (less than 30 hours per week) work at your clinic? *

31. How many employed providers do you have? (MDs, DOs, PAs, NPs, DDSs, DMDs, RDHs) *

32. How many volunteers serve your clinic? *

33. How many volunteers are providers? (MDs, DOs, PAs, NPs, DDSs, DMDs, RDHs) *

Clinic Challenges

34. What challenges at your clinic keep you up at night?

35. How can WAFCC help?

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