



## 1.8.2 CLIENT SURVEY

### **POLICY:**

Each subrecipient must collect a minimum of ten surveys each quarter using the Client Survey.

### **PROCEDURE:**

Each subrecipient will determine when and how the surveys are to be completed. (e.g., 4 initial visits, 4 annual visits, 2 problem visits or every 15th appointment until 10 surveys are completed)

After 10 surveys are collected, subrecipient staff should complete the fillable pdf form, "Survey Results Form, Individual Site", using Adobe Reader.

Submit client survey results report to the ND FPP nurse consultant by January 15th, April 15th, July 15th, and October 15th, respectively.

The state office will review the client surveys and notify the agency if a plan of action is needed.

### **RESOURCES:**

Patient Satisfaction Survey (English)

[https://www.hhs.nd.gov/sites/www/files/documents/rhntc\\_patient\\_sat\\_survey\\_12-10-2021.pdf](https://www.hhs.nd.gov/sites/www/files/documents/rhntc_patient_sat_survey_12-10-2021.pdf)

\*RHNTC: Patient Satisfaction Survey

Patient Satisfaction Survey (Spanish)

RHNTC: Encuesta de satisfacción del paciente con una cita de telesalud

Survey Results Form

[https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Fo rms/Survey\\_Results\\_Form\\_Individual\\_Site.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/Fo rms/Survey_Results_Form_Individual_Site.pdf)

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