

ORIGINAL SURVEY

**Medical Care Access Coalition  
Reenrollment Survey**

Name:

Date:

**Please answer the following questions and either mail it back with your 6 month review sheet, or give the completed form to your enrollment volunteer when you come in for your 1 year re-enrollment time. Your answers will be used to make improvements to the Medical Access Program and the enrollment process. Use the back of the form if needed.**

**1) Did you find that you understood the program enough to use all the donated services that you may have needed over the course of the past year?**

Answer: \_\_\_\_\_  
\_\_\_\_\_

**2) How would you describe your experience getting brand name and generic medications over the past year?**

Answer: \_\_\_\_\_  
\_\_\_\_\_

**3) How would you describe your experience in seeing your primary care doctor and/or clinic doctor over the past year?**

Answer: \_\_\_\_\_  
\_\_\_\_\_

**4) Are there any questions about the Medical Access Program that you would like answered at your reenrollment time?**

Answer: \_\_\_\_\_  
\_\_\_\_\_

**5) On a scale from 1 through 5, (with 1 being 'poor' and 5 being 'great'), how would you rate your overall experience in the Medical Access Program and why would you rate it this number?**

Answer: \_\_\_\_\_  
\_\_\_\_\_

**6) Would you like information about joining the MCAC Patient Advisory Committee, a committee composed of MAP clients who help to promote and provide feedback on the Medical Access Program?  
(Circle one)            Yes            No**

NEW SURVEY

**Medical Care Access Coalition  
One Year Reenrollment Survey**

Please answer the following questions about the services you have received in the past year. Your answers will be used to make improvements to MCAC. Please circle your answer for each question. Use the back of the form if needed for additional comments.

1) I am assigned to: **MCAC Clinic** (Seen in MCAC Office) **Primary Care Provider** (Seen in Physician's Own Office)

2) Did you find your understanding of MCAC enabled you to use all the donated services that you may have needed over the course of the past year?

1 2 3 4 5 N/A  
Poor Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_

3) How would you describe your experience getting brand name and/or generic medications over the past year?

1 2 3 4 5 N/A  
Poor Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_

4) How would you describe your experience in seeing your primary care doctor and/or MCAC Clinic doctor over the past year?

1 2 3 4 5 N/A  
Poor Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_

5) How would you rate your overall experience in MCAC?

1 2 3 4 5 N/A  
Poor Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_

6) How would you rate your overall health since enrolling into MCAC?

1 2 3 4 5 N/A  
Worsened Improved Greatly

Comments: \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_