

## Online Appendix 1: Template of original survey

### Saturday Clinic for the Uninsured

#### Patient Satisfaction Survey

Dear Patient, we hope your medical issues this clinic day at Saturday Clinic for the Uninsured were addressed. In order for us to improve our service for the future, we request your participation in completing this Patient Satisfaction Survey.

1. On a scale of 1-10, how would you rate the care received at clinic today? Please list any comments you have for improvement in the comments section below.

1 (poor care) 2 3 4 5 6 7 8 9 10 (best care)

2. Were you treated with kindness and professional care from everyone at clinic today?

Circle one: Yes / No

Please explain:

3. How often have you been to the Saturday Clinic for the Uninsured? Circle one below.

Once      Less than 5 times      Less than 10 times      More than 10 times

4. Do you consider the Saturday Clinic for the Uninsured to be your main place for medical treatment?

Circle one: Yes / No

5. How well do you understand your treatment plan from the visit today?

Not at all

Somewhat

Very Well

Please explain what we could do better to help you understand your care?

Are there any additional services you wish the clinic provided?

6. If you did not come to the Saturday Clinic for the Uninsured for your care today, where would you have received care? Circle any of the following:

Emergency Department

Different Free Clinic

Urgent Care

I would not have received care

Walk-in Clinic

Other:

---

7. How did you hear about the clinic?

8. Please list any additional comments you have below.

## Online Appendix 2: Template of changed survey

### Saturday Clinic for the Uninsured

#### Patient Satisfaction Survey

Thank you for visiting the Saturday Clinic for the Uninsured! To improve our service for the future, we kindly request your participation in this survey.

1. On a scale of 1 (poor) to 5 (excellent), how would you rate your overall experience at the Saturday Clinic for the Uninsured?

1 (poor)	2	3	4	5 (excellent)
----------	---	---	---	---------------

2. On a scale of 1 (poor) to 5 (excellent), how well do you understand your treatment plan?

1 (poor)	2	3	4	5 (excellent)
----------	---	---	---	---------------

3. Please circle your visit type:

Medications only	Appointment	Specialty clinic
Labs only	Walk-in	Other (list): _____

4. On a scale of 1 (poor) to 5 (excellent), how appropriate was your wait time for your visit?

1 (poor)	2	3	4	5 (excellent)
----------	---	---	---	---------------

Did you ever feel your time was being wasted at any point during your visit? Circle one:

Yes / No

If yes, please explain below:

5. Having pamphlets that explain the Saturday Clinic process while I wait would improve my experience.

Circle one: Yes / No

6. More face to face time with my healthcare providers would improve my experience. Circle one: Yes / No

7. On a scale of 1 (poor) to 5 (excellent), how easily were you able to contact us?

1 (poor)	2	3	4	5 (excellent)
----------	---	---	---	---------------

8. If you had not come to us today, where would you have received care? Circle any of the following:

Emergency Department	Different Free Clinic
Urgent Care	I would not have received care
Walk-in Clinic	Other: _____

9. How did you hear about our clinic? Please explain below:

10. What is your biggest concern about the Saturday Clinic for the Uninsured, if you have any?

11. Do you have any suggestions on how to improve your experience at the Saturday Clinic for the Uninsured?

Please drop this survey off in the “Survey Box” in the lobby when you have completed it! Thank you for taking the time to provide us with your feedback.