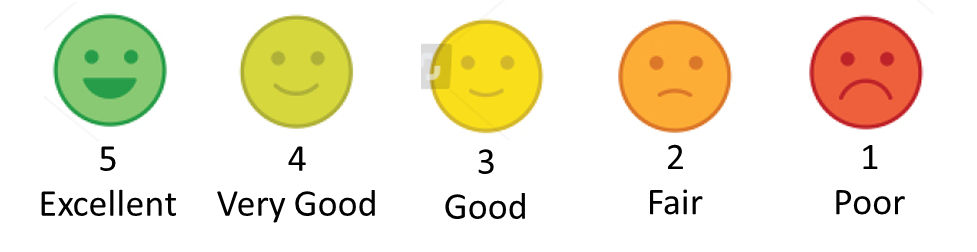
Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. In general, how would you rate your overall health?



1. How likely are you to recommend the health center to your family or friends?

Always

Often

Sometimes

Rarely

Never

1. How would you rate the care you receive at virtual visits with your provider as compared to in-person visits in the health center with your provider?

Far Better

Better

Same

Worse

Much Worse