



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

**PUBLIC
EXPERIENCE
SURVEY**

Did you have COVID-19?

Did you try to get treatment?

If you tested positive for COVID-19, the Illinois Department of Public Health would like to know about your experience in getting treatment for the disease

Please, scan the QR code with your phone to fill out this quick survey and let us know about your experience.

10:19
Camera

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

COVID-19 Treatment Patient Experience Survey

If you tested positive for COVID-19, the Illinois Department of Public Health would like to know about your experience in getting treatment for the disease.

Tell Us About Your Experience

Use the following scale as reference to answer the questions.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Date Tested Positive *
Please, enter the date you tested positive for COVID-19

Provider Type *
What type of health care provider did you visit?

- Primary Care
- Hospital/Emergency medicine
- Telemedicine
- Urgent Care
- Other

Appointment Availability *

app.smartsheet.com

English



Espanol

