



# Encuesta de Experiencias del Público

## ¿Tuvo usted COVID-19? ¿Intentó recibir tratamiento?

Si usted dio positivo en la prueba de COVID-19, el Departamento de Salud Pública de Illinois (IDPH) quisiera saber sobre su experiencia al recibir tratamiento para la enfermedad.

Escanee el código QR con la cámara de su teléfono para completar una breve encuesta y cuéntenos sobre su experiencia.

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

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