

Patient Satisfaction Survey

1. Approximately how many times have you seen the Dr. in the last year?
 First time in last 12 months 2 or 3 times 4 or 5 times 6 or more times
2. What was the main reason you selected our office?
 Recommended by a friend or relative The clinic assigned me to this doctor
 Recommended by another doctor Chose doctor from my health plan directory
 The doctor was conveniently located Other
3. Thinking about your visit to this office, how would you rate it overall? (Circle choice that seems best)
Poor Fair Excellent Not applicable

Regarding the quality of service you received during your visit, please rate each of the following (1 is very poor, 6 is excellent):

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|---|------------------------------|---|---|---|-----------------------------|---|
| 4. The length of time you spent waiting in the reception area after you arrived for your visit? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. The length of time you spent waiting in the exam area? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. The friendliness and courtesy shown to you by the receptionist? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. The friendliness and courtesy shown to you by the doctor's assistant? | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. The promptness with which you were informed of test results? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. The cleanliness and convenience of our facility? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Your doctor's personal interest in you and your medical problems? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Your doctor's explanation of treatment options? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Your doctor's explanation of test and procedures? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Your doctor's explanation of prescribed medicine? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. The accuracy of the diagnosis you received? | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Your doctor's explanation for referrals to other physicians and/or Practitioners? | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Your ability to reach any nurse after office hours? | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Would you recommend our office to a friend? | <input type="checkbox"/> Yes | | | | <input type="checkbox"/> No | |
| 18. Were you contacted by our staff as a reminder prior to your appointment? | <input type="checkbox"/> Yes | | | | <input type="checkbox"/> No | |

19. Please provide any additional comments you may have about the services you have received at our office in the space provided or attach an additional sheet. **If** you would like to be contacted regarding a particular situation, please provide your full name, address and phone number and a brief explanation of the nature of the problem. This information will be maintained confidentially.

Thank you for your time and for sharing your comments with us