

PATIENT SATISFACTION SURVEY

Dear Patient: We would like to know how well we served you at your recent visit to our practice. Please check the appropriate responses. When you have completed the survey please return it in the envelope provided. Thanks for your help.

Telephone/Appointments

1. Ease of getting through to our office on the phone?
2. Scheduling: Was person you talked to helpful?
3. Was time you waited for appointment acceptable?

Very Good	Good	Average	Fair	Poor

Time

4. Length of time in reception area before exam room?
5. Amount of time the doctor spent with you?

Physician's manner

6. How would you describe the doctor's manner?
6. Did the doctor listen carefully to your concerns?
7. Did the doctor encourage you to ask questions?
8. Where you given full, detailed, clear explanations?
9. Were you as involved as you wanted to be in decisions?
10. Did doctor seem concerned about you as a person?

Staff interaction

11. Was staff friendly/helpful/involved?
12. Was person escorting you professional/friendly?
13. Did you feel ignored while in exam room?

Any other comments?

Your Name (optional)