



### PATIENT SATISFACTION SURVEY

Please rate the following areas of your experience:

**Appointment Scheduling** Poor   Average   Great   N/A

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Was your call answered promptly?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the scheduler greet you in a friendly manner?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was your appointment scheduled within a reasonable time frame? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Check-in**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Did the receptionist greet you with a smile? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you kept informed of any delays?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Clinical Area**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Did the medical assistant greet you warmly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the medical assistant seem knowledgeable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were your questions answered adequately?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Quality of Care**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Did your provider listen to your concern(s)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your provider explain your diagnosis thoroughly?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your provider use language you could understand?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you feel your problem(s) were addressed adequately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Wait Times**

- |  |         |            |           |
|--|---------|------------|-----------|
| How long did you wait in the reception area? | Minimal | Acceptable | Excessive |
| How long did you wait in the exam room?      | Minimal | Acceptable | Excessive |

Would you recommend this practice to friends and family?  Yes  No

Which provider did you see? \_\_\_\_\_

Additional Comments:

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