

Survey Instructions

Our goal is to provide you with the best health care and service possible. In an effort to better meet your needs and expectations, we ask that you take a few minutes to fill out this patient satisfaction survey, which allows you to rate different aspects of your visit. All responses will be confidential - you do not have to identify yourself on the survey!

Your feedback will help us to provide you with better care in the future.

Thank you for your help.



Poor Fair Good **Very Good** Excellent **Does Not Apply**

HOW EASY WAS IT TO MAKE AN APPOINTMENT AND GET IN TO SEE YOUR PROVIDER?

- 1. When I called the office for an appointment, the length of time spent on the phone to set my appointment was: Poor Fair Good Very Good Excellent
- 2. The number of days between my call and my actual appointment was: Poor Fair Good Very Good Excellent
- 3. The staff's helpfulness in scheduling my appointment was: Poor Fair Good Very Good Excellent

FACILITY AND CONVENIENCE

- 4. Transportation, parking, and entry to the building were: Poor Fair Good Very Good Excellent
- 5. Neatness, cleanliness, and general appearance of the office were: Poor Fair Good Very Good Excellent
- 6. The convenience of office hours was: Poor Fair Good Very Good Excellent
- 7. The length of time, if any, that I had to wait past my appointment time before being examined was: Poor Fair Good Very Good Excellent

STAFF'S INTERPERSONAL SKILLS

- 8. The staff's courtesy and respect for my privacy were: Poor Fair Good Very Good Excellent
- 9. The staff's promptness and efficiency were: Poor Fair Good Very Good Excellent



| | Poor | Fair | Good | Very Good | Excellent | Does Not Apply |
|--|------|------|------|-----------|-----------|----------------|
|--|------|------|------|-----------|-----------|----------------|

10. The staff's effort to explain the reason for any delay was: Poor Fair Good Very Good Excellent Does Not Apply

11. The staff's help with scheduling any follow-up visits, referrals or tests was: Poor Fair Good Very Good Excellent Does Not Apply

12. The staff's explanation of billing and payment/insurance issues was: Poor Fair Good Very Good Excellent Does Not Apply

STAFF'S CLINICAL SKILLS

13. The nurse/medical assistant's skill and care (e.g. in taking my blood sample, medical information, weight, temperature, etc.) was: Poor Fair Good Very Good Excellent Does Not Apply

14. The clarity and thoroughness of the nurse/medical assistant's instructions were: Poor Fair Good Very Good Excellent Does Not Apply

PHYSICIAN'S OR OTHER PROVIDER'S (NURSE PRACTITIONER OR PHYSICIAN ASSISTANT) CLINICAL SKILLS

15. The doctor/provider's apparent understanding of the reason for my visit was: Poor Fair Good Very Good Excellent Does Not Apply

16. The doctor/provider's interest in my overall health was: Poor Fair Good Very Good Excellent Does Not Apply

17. The doctor/provider's overall skill and thoroughness in examining me was: Poor Fair Good Very Good Excellent Does Not Apply

PHYSICIAN'S OR OTHER PROVIDER'S INTERPERSONAL SKILLS



| | Poor | Fair | Good | Very Good | Excellent | Does Not Apply |
|------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
| 18. The doctor/provider's effort to make me feel at ease was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 19. The doctor/provider's explanations of my examination, diagnosis, need for tests, and treatment options were: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 20. The doctor/provider's encouragement for me to ask questions and his/her responses to them were: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 21. The explanation of when and how I would hear about my test results was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 22. The doctor/provider's instruction (oral/written) about any prescription drugs were: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 23. The doctor/provider's reassurance about my diagnosis and treatment was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 24. The doctor/provider's encouragement to call if I had any problems or questions was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 25. The length of time my doctor/provider spent with me was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| YOUR OVERALL SATISFACTION | | | | | | |
| 26. My overall satisfaction with the quality of care I received during the visit was: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 27. My willingness to recommend this physician and practice to a close friend or family member is: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

H. HEALTH & STATUS

28. The primary reason for my visit was:

| |
|------------------------------------------------------------------------------------------|
| <input type="radio"/> A scheduled routine problem or check-up |
| <input type="radio"/> A physical exam |
| <input type="radio"/> An unplanned visit for an acute problem or illness |
| <input type="radio"/> A regular follow-up chronic illness visit (asthma, diabetes, etc.) |
| <input type="radio"/> Other |

| | | | |
|----------|-------------------------------|-------------|------------------------------|
| 29. Age: | <input type="radio"/> < 18 | 30. Gender: | <input type="radio"/> Female |
| | <input type="radio"/> 18 - 34 | | <input type="radio"/> Male |
| | <input type="radio"/> 35 - 54 | | |
| | <input type="radio"/> 55 - 65 | | |
| | <input type="radio"/> > 65 | | |

I. Any Other Comments?
