

Sinusitis Patient Survey

Thank you for trusting your care to our practice. We aim to continuously improve the experience we deliver to our patients, and your feedback on how we handled your care is vital to helping us identify areas where we are strong and should continue to shine as well as areas where we can do more. Thank you in advance for sharing your thoughts.

YOUR PRACTICE EXPERIENCE

How did you hear about our practice?

Were we able to schedule you for your initial appointment in a timely manner?

YES NO

If no, please explain

Please choose the answer that best describes your experience with our staff:

Staff were professional	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
Staff were able to answer my questions	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
Staff listened to me	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
I felt the staff cared about me	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
Staff explained insurance and payment options clearly	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE

Did any staff member stand out in a positive way?

Did any staff member stand out in a negative way?

How important is it to you to be educated on your condition and potential treatment options prior to treatment?

VERY IMPORTANT IMPORTANT NEUTRAL NOT IMPORTANT

Please choose the answer that best describes your experience with your physician:

My physician cared about me	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
My physician listened to me	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
My physician took time to discuss my condition	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE
My physician took time to discuss a range of treatment options with me	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE

Did your physician/staff provide clear pre and post procedure instructions?

YES NO

If no, please explain

YOUR PROCEDURE EXPERIENCE

How would you rate your comfort during the procedure on a scale of 1 to 5, where 1 is VERY UNCOMFORTABLE and 5 is VERY COMFORTABLE?

1
Very Uncomfortable

2

3

4

5
Very Comfortable

Did your treatment experience reflect what was discussed with you by physician or staff prior to treatment?

YES NO

Were you surprised by anything during your procedure?

YES NO

If yes, please explain

Is there anything we failed to tell you about the procedure that you would have liked to know?

YES NO

If yes, please explain

How satisfied are you with your procedure right now?

1
Very Dissatisfied

2

3

4

5
Very Satisfied

YOUR OVERALL EXPERIENCE

If a friend or family member was suffering from a sinus condition, how likely are you to recommend our practice?

- I will recommend your practice
- I may recommend your practice
- I have reservations about recommending your practice
- I would not recommend your practice

Please explain:

Is there anything we could have done during your time with our practice to make our experience more pleasant: