

Patient Satisfaction Survey

1. Which Vascular Action Center provider did you see today?

- Dr. Leclercq
- Dr. Rogers

2. Please answer the following about our front office staff:

	Excellent	Good	Fair	Poor	N/A
Time between making appointment and being seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness and courtesousness of receptionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort of waiting room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation for any delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How long was your wait in the lobby before being brought back to the exam room?

- Immediately
- 15 Minutes
- 30 Minutes
- 45 Minutes
- over 45 Minutes

4. Please answer the following about our clinical staff:

	Excellent	Good	Fair	Poor	N/A
Promptness of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring attitude and responsiveness of the staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of exam procedure and treatment by our clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of staff; friendly, helpful, sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please answer the following regarding your exam:

	Excellent	Good	Fair	Poor	N/A
Appearance of the exam area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of the provider treating you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness of the provider to listen and answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider explained the exam Results and treatment process in An easily understandable way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate time spent with the provider during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How would you rate your overall experience and quality of care provided by our facility?

- Excellent**
- Good**
- Fair**
- Poor**
- Unacceptable**

7. Do you believe you received the highest quality of care from our facility?

- Yes**
- No**

If no please Explain:

8. Do you have any recommendations as to how we might take care of you better?

- Yes**
- No**

If yes please Explain:

9. Would you recommend Vascular Action Center?

- Yes**
- No**

If no Please Explain:

We greatly appreciate you taking the time to complete this Patient Satisfaction Survey.