

# Alpine Family Practice Patient Satisfaction Survey

At Alpine Family Practice we strive to provide you excellent service in all of your interactions with us. To accomplish this goal, we need your feedback about the quality of service you have experienced. Please take a few minutes to complete this confidential survey. We value and depend on your feedback and suggestions. Thank you for your assistance.

## Registration and Scheduling

	very poor	poor	fair	good	very good
1. Courtesy of the person who helped you at the front desk	1	2	3	4	5
2. Helpfulness/Friendliness of the staff when on the phone with you	1	2	3	4	5
3. Convenience of available appointment times	1	2	3	4	5

## Examination and Waiting Rooms

	very poor	poor	fair	good	very good
1. Cleanliness of waiting and exam rooms	1	2	3	4	5
2. Comfort level of waiting and exam rooms	1	2	3	4	5
3. Overall appearance of waiting and exam room	1	2	3	4	5

## Billing Department

	very poor	poor	fair	good	very good
1. Helpfulness/Friendliness of our billers	1	2	3	4	5
2. Usefulness of billing statements	1	2	3	4	5

## Physician (Dr. seen today \_\_\_\_\_)

	very poor	poor	fair	good	very good
1. Courtesy/Friendliness of physician	1	2	3	4	5
2. Amount of time your physician spent with you	1	2	3	4	5
3. Sensitivity/Quality response to all your questions and concerns	1	2	3	4	5

## Website

	very poor	poor	fair	good	very good
1. Overall impression of the website	1	2	3	4	5
2. Helpfulness of information on website	1	2	3	4	5

## Overall Assessment

	very poor	poor	fair	good	very good
1. Overall impression of the provider	1	2	3	4	5
2. Overall rating of care given at this practice	1	2	3	4	5
3. Likelihood of referring family/friends to our practice	1	2	3	4	5

**Comments:** (describe good/bad experience or suggestions for improvement)

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