

Patient Satisfaction Survey

Dear Patient,

We are conducting a survey to better serve your needs and assess the quality of care provided in our facility. Any opinions you express will be completely anonymous unless you wish to identify yourself. Thank you!

1. Which physician did you see on your last visit to the office?

2. Why did you select this physician as your health care provider?

- | | |
|---|--|
| <input type="checkbox"/> Long-standing relationship with the doctor | <input type="checkbox"/> Convenience to home or work |
| <input type="checkbox"/> Recommended by friend or relative | <input type="checkbox"/> Reputation for quality |
| <input type="checkbox"/> Referred by another doctor | <input type="checkbox"/> Yellow pages or other advertising |
| <input type="checkbox"/> Doctor is listed as part of company medical plan | |
| <input type="checkbox"/> Other: _____ | |

Please rate the following by checking the response that most closely describes your experience.

Office Staff

	Outstanding	Very Good	Good	Fair	Poor
3. Phone calls are answered promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Amount of time spent "on hold"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appointment time available within a reasonable amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waiting time in reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Waiting time in exam room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attitude, helpfulness and courtesy of office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Assistance with insurance process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician

	Outstanding	Very Good	Good	Fair	Poor
10. Amount of time spent with physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The technical skills (thoroughness, competence) of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The personal manner (courtesy, respect and friendliness) of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ability to obtain adequate follow-up of a problem or test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Would you recommend this physician to your family and friends if they needed medical care?

- | | |
|---|---|
| <input type="checkbox"/> Definitely would | <input type="checkbox"/> Probably would not |
| <input type="checkbox"/> Probably would | <input type="checkbox"/> Definitely would not |

15. What was the reason for your visit?

- Initial Evaluation Nerve Block Routine office visit Urgent Problem Surgery

16. How long did you have to wait between the time you made an appointment for care and the day you actually saw the doctor?

- 2 days or less 1 to 2 weeks 5 or 6 weeks More than 8 weeks
 3 days to 1 week 3 to 4 weeks 7 to 8 weeks

17. After your scheduled appointment, how long did you have to wait to see the doctor?

- I was seen early or on time 10 to 20 minutes 30 minutes to 45 minutes
 less than 10 minutes 20 minutes to a half hour More than 45 minutes

Some Final Ratings

	Outstanding	Very Good	Good	Fair	Poor
18. Appearance and cleanliness of the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Hours office is open for appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ability to understand billing statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall satisfaction with service and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Tell Us About Yourself (for classification purposes only)

22. Are you Male Female

23. What is your age?

- 17 or younger 18-39 40-64 65+

24. What type of health insurance do you have?

- No insurance HMO PPO
 Private insurance Medicare only Medicare + supplement

25. What is your zip code? _____

Comments

THANK YOU!