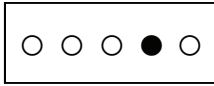


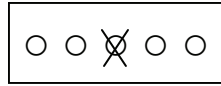
# PATIENT SATISFACTION SURVEY

**Instructions:** Please respond to each question by marking one circle  and one box . If a question is not applicable, mark the "no comment" response. Fill in the  or  completely by staying within the lines.

**Examples:**



correct



incorrect

**How would you rate:**

		Excellent Very Good Good Fair Poor  ☺ ☺ ☹		No Comment		High Medium Low  Importance to Patient
1. Ease of making appointments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2. Convenience of the office location.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. Length of time you had to wait between making an appointment for routine care and the day of your visit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
4. Length of time waiting at the office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
5. Courtesy shown by the office staff.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
6. Cleanliness of the office.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7. Thoroughness of treatment you received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
8. Attention given to what you had to say.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
9. Amount of time you had with doctors and staff during a visit...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
10. Explanation of treatment and/or instructions for follow up care.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
11. Your confidence in the skill of the provider (thoroughness, carefulness, competence).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
12. Personal manner of the provider (courtesy, respect, sensitivity, friendliness).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
13. Improvement in health from the care received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
14. Advice you were given about ways to avoid illness and stay healthy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
15. Overall quality of care and service from healthcare providers...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
16. If referred to a specialist, how would you rate your overall experience with that specialist.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
17. In general, how would you rate your overall health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
18. Would you recommend the provider to your friends and family?    Yes <input type="radio"/>						No <input type="radio"/>

*Please Use Reverse Side for Comments*