



Patient Satisfaction Survey

Mark one bubble per line.

Acceptable marks include: ● ○ ⊗

Thinking about your visit with the physician/health care professional you saw, how would you rate the following:

	Poor	Fair	Good	Very Good	Excellent
1. How long you waited to get an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convenience of the location of the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Getting through to the office by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Length of time waiting at the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Time spent with the physician/health care professional you saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Explanation of what was done for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Technical skills (thoroughness, carefulness, competence) of the physician/health care professional you saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The personal manner (courtesy, respect, sensitivity, friendliness) of:					
a. The physician/health care professional you saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The reception staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The visit overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In general, would you say your health is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Would you recommend the physician/health care professional you saw to your family and friends?	Definitely not <input type="radio"/>	Probably not <input type="radio"/>	Probably yes <input type="radio"/>	Definitely yes <input type="radio"/>	
12. Are you (patient) male or female?	Male <input type="radio"/>	Female <input type="radio"/>			

13. How old were you (patient) on your last birthday? Years **Example:** Years

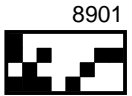
Provider Name	Office Use Only	<input type="radio"/> Scheduled	<input type="radio"/> CAID	<input type="radio"/> OTH
Site Location		<input type="radio"/> Walk-in	<input type="radio"/> CARE	<input type="radio"/> SP
123456 9999			<input type="radio"/> HMO/PPO	<input type="radio"/> WC
			<input type="radio"/> INS	



1
Site Code



1 2 3 4 5 6
Doc id



8901