

Patient Satisfaction Survey

Name of the doctor this survey is about: _____

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

Please circle your responses:

How satisfied are you with the following?	Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
1. Ease of making appointment for checkups (physical exams, well visits, routine follow-up appointments)?	1	2	3	4	5
2. Ease of making appointments for sickness?	1	2	3	4	5
3. Ease in contacting your doctor when our (office is closed (nights and weekends)?	1	2	3	4	5
4. Ease in speaking directly with your doctor by telephone when you call during office hours?	1	2	3	4	5
5. The time it takes someone from our office to respond when you call the office with an urgent problem?	1	2	3	4	5
6. Waiting time in our office?	1	2	3	4	5
7. Ease in obtaining followup information and care (test results, medicines, care instructions)?	1	2	3	4	5
8. Overall medical care at your doctor's office?	1	2	3	4	5
9. Our office's appearance?	1	2	3	4	5
10. Our office's convenience (location, parking, hours, office layout)?	1	2	3	4	5
11. The way we teach you about improving your health?	1	2	3	4	5
12. The way your doctor involves other doctors and caregivers in your care when needed?	1	2	3	4	5

How caring would you say the following individuals are?	Extremely Uncaring	Very Uncaring	Caring	Very Caring	Extremely Caring
13. Your doctor?	1	2	3	4	5
14. Our medical staff?	1	2	3	4	5
15. Our office staff?	1	2	3	4	5
	Definitely Not	Probably Not	Not Sure	Probably	Definitely
16. Would you recommend your doctor to your family or friends?	1	2	3	4	5

Community Resource Referral:

If you were referred to a specialist or someone outside of our office, who was it and was it helpful/useful to you and why:

Other Comments:

THANK YOU VERY MUCH!