



PATIENT SATISFACTION QUESTIONNAIRE

We want to give you the best possible medical care. To do that, we need your feedback. Please let us know what you think we are doing right and how we can improve by filling out the following survey. All of your responses will be kept strictly confidential and your signature is not required. Please use this opportunity to respond freely.

Thank you for helping us serve you better. If you need more room for any comments, feel free to use the back of any page.

- How long have you been a patient here?
 First visit 1 to 3 years 3 to 5 years over 5 years
- If this is your first visit, how did you hear about us?
 Referred by another patient Referred by another physician
 Ad in the telephone book Newspaper ad
 HMO or other insurance Other _____
- How convenient are we in the following areas?
(Please rate on a scale of 1-very convenient, 2-somewhat convenient, 3-not convenient)
 Location Parking
 Office hours Availability of staff to help you with your questions
- Please let us know what we can do to improve any of these areas.
- Was it easy and convenient to get an appointment?
 Yes No If no, please explain _____
- When you last telephoned the office, were you treated courteously by the staff?
 Yes No If no, please explain _____
- When making your last appointment, did the staff make every effort to suggest a time and day that was convenient for you?
 Yes No If no, please explain _____
- When you come into the office, is the staff courteous?
 Yes No If no, please explain _____
- Are you usually seen in a prompt manner?
 Yes No If no, please explain _____
- Please rate us on how genuinely interested we seem to be in you as a person.
(Please rate on a scale of 1-very convenient, 2-somewhat convenient, 3-not convenient)
 Always concerned Sometimes indifferent
 Usually concerned Never seem to have enough time

