**Patient Satisfaction Survey Questionnaire**

**Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Healthcare Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Questions**

1. **Appointment Process**
   * **Ease of scheduling the appointment: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Waiting time for the appointment: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
2. **Quality of Care Provided**
   * **Provider’s attention to concerns: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Clarity of explanations about treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Satisfaction with treatment received: ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied**
3. **Facility Environment**
   * **Cleanliness of the facility: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Comfort and safety of waiting area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
   * **Accessibility of facilities: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
4. **Staff Interaction**
   * **Courtesy and respect shown by staff: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
   * **Helpfulness of staff with questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overall Satisfaction  
☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied**

**Additional Comments**

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