**Patient Satisfaction Questionnaire Form Online**

**Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Online Patient Experience**

| **Survey Aspect** | **Excellent** | **Good** | **Fair** | **Poor** |
| --- | --- | --- | --- | --- |
| **Ease of Access to Online Form** |  |  |  |  |
| **Clarity of Instructions** |  |  |  |  |
| **Ease of Completing Questions Online** |  |  |  |  |
| **Time Taken to Submit** |  |  |  |  |

**Online Staff Interaction and Support**

* **Availability of staff for online queries: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
* **Responsiveness to patient’s online questions: ☐ Excellent ☐ Good ☐ Fair ☐ Poor**
* **Professionalism in online communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feedback on Online Experience**

**Overall Satisfaction with Online Services  
☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied**