

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
