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.

1. How long have you been a patient here?
   ______ First visit _______ 1 to 3 years _______ 3 to 5 years _______ over 5 years

2. 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 __________________________

3. 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

4. Please let us know what we can do to improve any of these areas.

5. Was it easy and convenient to get an appointment?
   ______ Yes _______ No If no, please explain __________________________

6. When you last telephoned the office, were you treated courteously by the staff?
   ______ Yes _______ No If no, please explain __________________________

7. 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 __________________________

8. When you come into the office, is the staff courteous?
   ______ Yes _______ No If no, please explain __________________________

9. Are you usually seen in a prompt manner?
   ______ Yes _______ No If no, please explain __________________________

10. Please rate us on how genuinely interested we seem to be in you as a person.
    (Please rate on a scale of 1-very concerned, 2-somewhat concerned, 3-not concerned)
    ______ Always concerned _______ Sometimes indifferent
    ______ Usually concerned _______ Never seem to have enough time
11. During your office visits, do you think we adequately answer your questions?
   _____ Yes   _____ No   If no, please explain ________________________________

12. Are you satisfied with the quality of medical treatment you receive from us?
   _____ Yes   _____ No   If no, please explain ________________________________

13. On a scale of 1 to 5, 1 being extremely poor and 5 being excellent, how would you rate your overall experience with our office?  _____

14. What could we do to make the experience better?

15. If there was one thing you could change about your experience with this office, what would it be?

Your comments are appreciated.

Thank you for taking the time to complete this survey. As always, we will do our best to provide you with quality care for the whole family.