

PATIENT SATISFACTION SURVEY

We'd like your feedback on today's visit so we can work on any areas that may need improvement.

Date of visit: _____ Provider: _____

	Very Poor	Poor	Fair	Good	Very Good
A. ACCESS TO CARE					
1. Ease of scheduling appointment.....	1	2	3	4	5
2. Courtesy of person scheduling appointment.....	1	2	3	4	5
3. Our helpfulness on the phone.....	1	2	3	4	5
4. Ease of getting desired appointment.....	1	2	3	4	5
5. Overall rating of the billing process.....	1	2	3	4	5
B. DURING YOUR VISIT					
1. Courtesy of staff.....	1	2	3	4	5
2. Comfort and pleasantness of the waiting area.....	1	2	3	4	5
3. Length of wait before going to exam room.....	1	2	3	4	5
4. Comfort and pleasantness of exam room.....	1	2	3	4	5
5. Friendliness/concern of the nurse.....	1	2	3	4	5
6. Wait time in exam before being seen by physician.(____minutes)....	1	2	3	4	5
C. YOUR CARE PROVIDER					
1. Friendliness/concern of the physician.....	1	2	3	4	5
2. Explanation the physician gave you about your problem/condition and follow-up care if needed.....	1	2	3	4	5
3. Amount of time he/she spent with you.....	1	2	3	4	5
4. Your confidence in this physician.....	1	2	3	4	5
5. Likelihood of your recommending this physician.....	1	2	3	4	5
D. PERSONAL ISSUES					
1. Our sensitivity to your needs.....	1	2	3	4	5
2. Our concern for your privacy.....	1	2	3	4	5
3. Ease of scheduling follow-up visits (mammograms, ultrasounds, etc).	1	2	3	4	5
E. OVERALL ASSESSMENT					
1. Overall cheerfulness of our office.....	1	2	3	4	5
2. Overall cleanliness of our office.....	1	2	3	4	5
3. Overall rating of care received during visit.....	1	2	3	4	5
4. Likelihood of your recommending this office to others.....	1	2	3	4	5

Additional comments: _____

You may remain anonymous; however, if you would like to be contacted regarding your feedback, please provide your name and daytime phone number.

Optional: Name _____ Phone Number _____

Would you like someone to contact you regarding your survey feedback? Yes No

Thank you for completing this survey!

If you receive a Community Clinical Services Medical Practice Survey in the mail, please fill it out and return it in the postage paid envelope that will be provided. We appreciate your feedback.