

## Patient Satisfaction Survey

Patient Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_

*Instructions: Please fill out the questions below. This answers on this questionnaire are based on a 1 to 5 rating system. The rating system is as follows... (0) Neutral, (1) Very dissatisfied, (2) Somewhat dissatisfied, (3) Somewhat Satisfied, (4) Very Satisfied, (5) Completely Satisfied ?*

*(Circle one...)*

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|---|---|---|---|---|---|---|
| 1 How would you describe your phone experience when you called to set this appointment?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 2 How would you rate your wait time before you were called back to visit the Doctor/Nurse Practitioner?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 3 How would you rate the Friendliness of the front desk staff?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 4 How would you rate the Friendliness of the nurse/medical assistant?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 5 How would you rate the wait time to see the Doctor/Nurse Practitioner once you were in the room?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 6 Were all your questions answered during your visit with the Doctor/Nurse Practitioner?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 7 Did the Doctor/Nurse Practitioner effectively communicate your treatment plan and goals ?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 8 How would you rate the self-management tools provided by your Doctors office?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 9 How would you rate the follow-up and coordination of your care by the physician/staff including referrals to specialist, changes in medications, and lab or imaging results?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 10 Rate your experience on receiving routine urgent care, and/or after hours care?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 11 (Name of Practice) provides me with information on community resources and education to assist me in improving my overall health?  | 0 | 1 | 2 | 3 | 4 | 5 |
| 12 Your Healthcare provider/team provides assistance & support to making changes in health habits and making health care decisions?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 13 How would you rate the information provided on your clinical summary you received in prior visits?   | 0 | 1 | 2 | 3 | 4 | 5 |
| 14 Considering all aspects of the medical office, would you say you are: Completely Satisfied, very satisfied, somewhat satisfied, Somewhat dissatisfied, or very dissatisfied? | 0 | 5 | 4 | 3 | 2 | 1 |

**Comments:**

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