

# Patient Satisfaction Survey

Please rank your satisfaction with our services in the following areas:  
(A rating of "1" means you were extremely dissatisfied. A rating of "5" means you were extremely satisfied.)

## Access to Care:

- Length of time it took to get an appointment 1 2 3 4 5
- Length of time spent in office waiting to be seen 1 2 3 4 5
- Physical environment of office 1 2 3 4 5

## Communication Between Patient and Practice:

- Ability to get through via phone when contacting practice 1 2 3 4 5
- Efficiency in receiving test results 1 2 3 4 5
- Quality of health information handout materials 1 2 3 4 5

## Interaction with Office Staff:

- Courtesy of reception staff 1 2 3 4 5
- Friendliness and helpfulness of medical assistants and nurses 1 2 3 4 5
- Helpfulness of staff in the business office 1 2 3 4 5

## Interaction with Physician/Practitioner

- Friendliness and helpfulness of physician/practitioner 1 2 3 4 5
- Thoroughness of explanations and instructions 1 2 3 4 5
- Taking time to answer questions 1 2 3 4 5

## Overall Satisfaction:

- Overall, how satisfied are you with the practice? 1 2 3 4 5

1. How did you hear about our practice?

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2. What do you like best about our practice?

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3. What can we do to improve?

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4. Would you recommend this practice to family or friends?  Yes  No

If you would like someone to contact you, please complete the following:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (if preferred method of contact): \_\_\_\_\_

Thank you for taking the time to assist us with improving our services.

