

SAMPLE PATIENT SATISFACTION SURVEY

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We are inviting you to assist us in determining your satisfaction with our services. We appreciate your assistance in completing this form so that we can provide you with the most accessible and convenient medical care possible.

This survey information is confidential. Please do not put your name on this form. After you have completed it, please return it to our office staff or mail it back to us in the postage-paid envelope provided. **THANK YOU VERY MUCH FOR YOUR ASSISTANCE!**

Date _____

Doctor Seen

- a. _____ Dr. Richard Smith
- b. _____ Dr. L. C. Good
- c. _____ Dr. Bo Pritchard
- d. _____ Dr. Ned McWhirter

1. Is this your first appointment at our Center?

Yes No

2. Why did you choose to make an appointment at our Center? (Please check all that apply)

- a. _____ My family doctor recommended/referred me
- b. _____ Another physician recommended/referred me
- c. _____ Another health professional (e.g. nurse, health department, ER) recommended/referred me
- d. _____ Follow-up from hospitalization
- e. _____ Friend or family member recommended
- f. _____ Phone book or Center brochure. If phone book, yellow pages _____ white pages _____
- g. _____ Have been a regular/long-time patient
- h. _____ Other (please specify) _____

3. **How soon were you given your appointment?**
- a. _____ **Less than 1 week**
 - b. _____ **1-2 weeks**
 - c. _____ **2-4 weeks**
 - d. _____ **4-8 weeks**
4. a. **Were you able to find our office without difficulty?**
- Yes No
- b. **Were you able to find parking without difficulty?**
- Yes No
5. a. **Did you have any problems registering\checking in?**
- Yes No
- b. **Was our registration staff courteous and friendly?**
- Yes No
- c. **Were our receptionists courteous and friendly?**
- Yes No
6. **How long did you wait to see the doctor?**
- a. _____ **On time to 15 minutes late**
 - b. _____ **15-30 minutes late**
 - c. _____ **30-60 minutes late**
 - d. _____ **60+ minutes late**
 - e. **Did we inform you if our doctor would be late?**
- Yes No

7. **What could we have done to make your waiting time more pleasant?**

8. **Do you feel that our staff person gave you enough information, time and answers to your questions?**

Yes No

9. **If your physician referred you to have tests or other procedures:**

a. **Were the tests explained clearly?** _____ Yes _____ No

b. **Did you understand the test you would have and where you were to go?**

Yes No

c. **How were you treated at the facility where you were referred? Were the staff friendly and professional?**

Yes No

10. **Were diagnostic tests were performed?** _____ Yes _____ No

a. **How long before you were notified of test results?**

(1) _____ One to two days

(2) _____ Less than a week

(3) _____ One to two weeks

(4) _____ I wasn't notified

b. **Did you have any problems or difficulties obtaining or understanding your test results?**

Yes No

11. a. If you had questions or problems with your billing, insurance or credit arrangements, did a staff person assist you?

Yes No

b. Was the billing, insurance, or credit staff courteous and friendly?

Yes No __

12. In general, how satisfied were you with your care at our practice?

a. Very Satisfied _____

b. Somewhat Satisfied _____

c. Not Satisfied _____

13. Where do you live?

a. _____ Nashville Metro Area

b. _____ Outside Nashville but in Metro Area

c. _____ Other. Please Specify County and State

Other please list _____
City State Zip Code County

THANK YOU FOR YOUR TIME AND ASSISTANCE. WE APPRECIATE YOUR COMMENTS!

(R&A 12.2004)