

## **CONSUMER SATISFACTION SURVEY**

Dear Consumer: According to our records, you recently visited \_\_\_\_\_.

Please tell us your opinion about the service you received from the above named provider. Your responses will be kept strictly confidential. Thanks for your help.

### **PLEASE RATE THE FOLLOWING:**

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>A. YOUR APPOINTMENT:</b>						
1. Ease of making appointment by phone	5	4	3	2	1	N/A
2. Getting after-hours care when you needed it	5	4	3	2	1	N/A
3. Waiting time in the reception area	5	4	3	2	1	N/A
4. Waiting time in the exam room	5	4	3	2	1	N/A
5. Keeping you informed if your appointment was delayed	5	4	3	2	1	N/A
6. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
<b>B. OUR STAFF:</b>						
1. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
2. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
3. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	N/A
4. The professionalism of our lab	5	4	3	2	1	N/A
5. Your phone calls answered promptly	5	4	3	2	1	N/A
<b>C. YOUR VISIT WITH THE PROVIDER:</b> <b>(Doctor/Nurse Practitioner)</b>						
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Explaining things in a way you could understand	5	4	3	2	1	N/A
4. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
5. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A
6. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
<b>E. OUR FACILITY:</b>						
1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A

E. YOUR OVERALL SATISFACTION WITH:	Excellent	Very Good			Fair	Poor	Does Not Apply
		Good					
1. Our practice	5	4	3	2	1		N/A
2. The quality of your medical care	5	4	3	2	1		N/A
3. Overall rating of care from your provider or nurse	5	4	3	2	1		N/A

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? YES NO  
IF NO, PLEASE TELL US WHY:

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IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

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## **SOME INFORMATION ABOUT YOU:**

<u>GENDER</u>	<u>YOUR AGE</u>	<u>ARE YOU:</u>
MALE	Under 18	A new consumer
FEMALE	18-30	A returning consumer
	31-40	
	41-50	
	51-60	
	Over 60	