|  |
| --- |
| [Healthcare facility name] [Street address] [City, ST, ZIP Code] |

# How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. [Healthcare facility name] welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

# General Patient Information

### In general, what is the quality of your health?

Outstanding  Good  Some chronic issues  Poor

### How would you rate our concern for your privacy?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### How often have you visited [Healthcare facility name] within the past year?

First Visit  2-5 Visits  More than 6

# Scheduling Your Appointment

### Did you schedule an appointment by phone or did you drop in?

Scheduled by phone  Dropped in

### How easy was it to make an appointment by telephone?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Outstanding |  |  |  |  |  | Very difficult |

### How long did you wait to speak to a scheduling staff member?

0 to 2 minutes  3 to 5 minutes  5 to 7 minutes  Longer

### Was the person who scheduled your appointment courteous and helpful?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very courteous |  |  |  |  |  | Rude |

### If you scheduled an appointment, was your appointment date later than you expected?

Yes |  No

### If you were seeking a referral to a specialist, was your request handled in a timely manner?

Yes |  No

# Day of Your Appointment

### How would you rate the courtesy of the staff at the reception desk?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Very courteous |  |  |  |  |  | Rude |

### How long did you wait in the reception area beyond your scheduled appointment time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 to 5 minutes | 5 to 20 minutes | 20 to 40 minutes | Other |  |

### How long did you wait in the exam room before the physician appeared?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 to 5 minutes | 5 to 20 minutes | 20 to 40 minutes | Other |  |

### Which department(s) did you visit during your appointment?

General Practitioner  Walk-in/Urgent Care  Pediatrics

Women’s Health  Counseling & Therapy  Lab

# The Nursing Staff

### How would you rate the competence of the nurse who helped you?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### How would characterize the concern that the nurse showed for your problem?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### Did the nurse respond to your requests within a reasonable period?

Yes |  No

# The Doctor

### Were you able to see the doctor of your choice?

Yes |  No |  N/A

### Did you feel that your doctor spent an adequate amount of time with you?

Yes |  No |  N/A

### Mark the boxes that characterize the demeanor of your doctor:

Attentive  Concerned  Friendly

Distracted  Rushed  Inconsiderate

### How would you rate the competence of your doctor?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### Did you feel that your doctor’s examination was thorough?

Yes |  No |  N/A

### Please rate the clarity of the doctor’s explanation of your condition and treatment options:

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### How well did your doctor include you in healthcare decisions?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### Were your questions answered to your satisfaction?

Yes |  No |  N/A

### Would you recommend this facility and its staff to your family and friends?

Yes |  No |  N/A

# The Lab Staff

### How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

### If you received a lab exam, please indicate the type(s) of lab exam you received:

|  |  |  |  |
| --- | --- | --- | --- |
| Blood test | Breast exam | CT scan |  |
| MRI | X-ray | Other |  |

### If you received a lab exam, was the service prompt, comfortable, and courteous?

Outstanding  Good  Adequate

Needs improvement  Poor  N/A

# Additional Feedback

|  |
| --- |
| Please list any areas in which our service could be improved. |
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| --- |
| Please share any additional comments. |
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|  |

# Personal Information

### Providing the following information is optional.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| First Name | Last Name | Gender | Age |
|  |  |  |  |
| Address | City | State | ZIP Code |
|  |  |  |  |
| Email | Phone |  |  |

### Would you like someone to contact you regarding your responses on this survey?

Yes |  No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.