

Today's Date: _____

Patient Satisfaction Survey

Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time.



Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A Don't know
Ease of getting care:						
Time between making appointment and being seen	5	4	3	2	1	N/A
Convenience of clinic hours	5	4	3	2	1	N/A
Convenience of clinic location	5	4	3	2	1	N/A
Wait time during visit:						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
Front Desk Staff:						
Courtesy of staff	5	4	3	2	1	N/A
Clearly explains registration process	5	4	3	2	1	N/A
Answers your questions	5	4	3	2	1	N/A
Provider: (Physician, Nurse Practitioner, Midwife)						
Courtesy of provider	5	4	3	2	1	N/A
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Clearly explains medication	5	4	3	2	1	N/A
Medical Assistants/Health Educators:						
Courtesy of medical assistants/health educators	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Payment:						
What you pay	5	4	3	2	1	N/A
Explanation of charges	5	4	3	2	1	N/A
Facility:						
Cleanliness of clinic	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
Comfort while waiting	5	4	3	2	1	N/A
Confidentiality:						
Keeping your personal information private	5	4	3	2	1	N/A



