



Patient Satisfaction Survey - 2016

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

UPON COMPLETION, PLEASE GIVE TO FRONT DESK PERSONNEL

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours of operation	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Staff:					
<i>Provider: (Physician, Physician Assistant)</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Clinical/Front Desk:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Convenience of location	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

What do you like best about our practice? _____

What do you like least about our practice? _____

Suggestions for improvement? _____