



Patient Satisfaction Survey

1. How did you book your appointment?

- A phone call
- An online portal
- A mobile app
- In-person

2. Was your appointment available within a reasonable amount of time?

- Yes
- No

3. Are our hours of operation convenient for you?

- Yes
- No

4. Were your phone calls answered promptly?

- Yes
- No
- N/A

5. How easy was it to book your appointment?

- | | | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | |
| Very difficult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very easy |

6. How efficient was the check-in process?

- | | | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | |
| Very difficult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very easy |

7. How long was the wait time?

- Less than 5 minutes
- Less than 10 minutes
- Less than 30 minutes
- Less than 45 minutes
- More than 45 minutes

8. How courteous was the front desk?

- | | | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Very courteous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Very courteous |

9. How professional was our staff?

Unprofessional 1 2 3 4 5 Very professional

10. Did you feel like providers listened carefully to you?

Yes
 No

11. Did you feel as though providers spent enough time with you?

Yes
 No

12. Did you receive instructions regarding medication and follow-up care?

Yes
 No
 N/A

13. Was our location easy to find?

Yes
 No

14. How helpful was our billing department?

Not helpful 1 2 3 4 5 Very helpful

15. Would you recommend us to others?

Yes
 No

16. Were you satisfied with the quality of care you received?

Yes
 No

17. How can we improve our service?