

Patient Satisfaction Survey

We thank you in advance for taking time to complete this questionnaire.

Background Questions

Was this your first visit here? _____ Yes _____ No

Were you able to find a parking space? _____ Yes _____ No

If this was your first visit here, how did you choose our practice?

Access to Care (1) very poor (2) poor (3) fair (4) good (5) very good

Ease of scheduling your appointment _____

Courtesy of person who scheduled your appointment _____

Helpfulness of person answering the phone _____

Promptness in returning your phone call _____

During Your Visit (1) very poor (2) poor (3) fair (4) good (5) very good

Speed of registration process _____

Courtesy of staff _____

Comfort and pleasantness of the waiting area _____

Length of wait before going to exam room _____

Wait time in the exam room before being seen by MD or PA _____

Comfort and pleasantness of exam room _____

Friendliness/courtesy of the nurse/ assistant _____

Concern shown by nurse/assistant for your problem _____

If you were told the doctor's nurse would call you; promptness of the call _____

Your Care Provider (1) very poor (2) poor (3) fair (4) good (5) very good

*Your care provider refers to the Doctor or Physician Assistant: name _____ (optional)

Friendliness/courtesy of the care provider _____

Explanations provided by your care provider about your problem or condition _____

Concern the care provider showed for your questions or worries _____

Care provider's efforts to include you in the decisions about your treatment _____

Information the care provider gave you about medications (if any) _____

Information the care provider gave you about follow-up care (if any) _____

Amount of time the care provider spent with you _____

Your confidence in this care provider _____

Likelihood of recommending this care provider to others _____

Our Office (1) very poor (2) poor (3) fair (4) good (5) very good

Convenience of our office hours _____

Convenience of our office locations _____ (a) Main Office ____ (b) Beach ____ (c) Baldwin__

Convenience of our diagnostic services _____

Helpfulness of our bladder program _____

Our sensitivity to your needs _____

Our ability to keep you informed about your treatment/progress _____

Our concern for your privacy _____

Overall Assessment (1) very poor (2) poor (3) fair (4) good (5) very good

Overall appearance /cleanliness of our practice _____

Overall rating of care received during your visit _____

Likelihood of your recommending our practice to others _____