Patient Satisfaction Survey

Please tell us how you feel about our services and staff. Your responses help us to make improvements. There is no need to include your name on the survey. All results remain 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 visits:						
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
Nursing Staff:						
Courtesy of nursing staff	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

How did you hear about our clinic (check one)?

☐ Friend
☐ Relative
☐ Partner
☐ Online
☐ Referral (please specify)_____
☐ Other (please specify)_____

What is your age?_____

Are you:
☐ Female
☐ Male

What did you like best about our clinic?

What did you like least about our clinic?

What could we have done to make your visit today better?

Would you recommend our clinic to family/friends?

☐ Yes
☐ No

Thank you for completing our survey!