



Patient Satisfaction Survey

Please tell us how you feel about your experience at our clinic today. Your responses will help us make improvements. This survey is anonymous. Thank you for your time.

Please circle how well we did in the following areas:	 Great 5	 Good 4	 Ok 3	 Fair 2	 Poor 1	N/A
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 explained registration process	5	4	3	2	1	N/A
Answered your questions	5	4	3	2	1	N/A
Provider (physician, nurse practitioner, midwife)						
Courtesy of provider	5	4	3	2	1	N/A
Listened to you	5	4	3	2	1	N/A
Took enough time with you	5	4	3	2	1	N/A
Clearly explained what you want to know	5	4	3	2	1	N/A
Clearly explained medication	5	4	3	2	1	N/A

Please circle how well we did in the following areas:


Great
5


Good
4


Ok
3


Fair
2


Poor
1

N/A

Medical assistants/health educators

Courtesy of medical assistants/health educators	5	4	3	2	1	N/A
Clearly explained what you want to know	5	4	3	2	1	N/A

Payment

Amount you paid	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
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How did you hear about us? (check one)

- Friend Relative Partner Online Referral (please specify): Other (please specify):

What do you like *best* about our clinic?

What do you like *least* about our clinic?

Would you recommend us to friends/family?

- Yes No