



Patient Satisfaction Survey



Location of your visit:

- Salemville
 Johnson City
 Carson
 Olathe

Is this your first visit? Y N

Which department was your appointment with (choose one)?

- Family Practice
 Internal Medicine
 Pediatrics
 OB/GYN
 Ortho
 Eye
 Radiology
 Laboratory
 Physical Therapy
 Other

Name of physician your appointment was with? Y N

Would you like a clinic representative to contact you about your visit?

If yes, print your name here

and phone number here

Before Your Visit

Response Definition: P=Poor F=Fair G=Good VG=Very Good E=Excellent

	P	F	G	VG	E
1. Ease of scheduling appointments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Friendliness of appointment scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Convenience of our clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ease reaching your physician's nurse by phone, during office hours, with questions regarding your condition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Promptness of nursing staff in returning your calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Availability of parking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Timeliness of registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Courtesy shown by registration and reception staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Satisfaction with length of time between registration and exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Explanation of any prolonged wait if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Response Definition: 5=0-5 minutes 6=6-10 minutes 11=11-15 minutes 16=16-20 minutes 21=21 minutes or longer

	5	6	11	16	21
11. Time waited between registration and exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Cleanliness of clinic environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Care You Received

13. Respect of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Friendliness and concern of your care provider (physician, nurse practitioner, physician asst).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Opportunity to discuss your concerns/issues with your physician/care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

