

Patient Satisfaction Survey

In an effort to continue to meet the needs of our patients at Zarzar Psychiatric Associates, PLLC, we are asking for your help. We would like to request that you take a few minutes after your visit today to complete this survey. We look forward to your responses and will utilize your comments in order to provide a pleasant office experience. Zarzar Psychiatric, PLLC would like to thank you in advance for your assistance.

Patient's Name (optional): _____ Clinician Seen: _____

	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Not Applicable
<u>Telephone Access:</u>					
1) The telephone system is understandable and easy to use.	1	2	3	4	N/A
2) I was able to get an appointment in a reasonable time period.	1	2	3	4	N/A
3) The staff is helpful in my phone interactions.	1	2	3	4	N/A
4) I received a return call to my phone messages in a reasonable time frame.	1	2	3	4	N/A
5) I am able to access my clinician or the on call clinician quickly in the event of an emergency.	1	2	3	4	N/A

Comments/Suggestions: _____

Office environment:

6) The office staff is helpful and courteous.	1	2	3	4	N/A
7) The reception area is clean and comfortable.	1	2	3	4	N/A
8) The office location is convenient.	1	2	3	4	N/A
9) Overall the office environment is comfortable.	1	2	3	4	N/A
10) I feel that my privacy is maintained in the office setting.	1	2	3	4	N/A

Comments/Suggestions: _____

	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Not Applicable
<u>Clinical Staff.</u>					
11) The clinician was prompt.	1	2	3	4	N/A
12) I feel the clinician is courteous and knowledgeable.	1	2	3	4	N/A
13) The clinician responded to my questions and concerns.	1	2	3	4	N/A
14) The clinician is concerned with my well being.	1	2	3	4	N/A
15) I felt comfortable with the clinician.	1	2	3	4	N/A

Comments/Suggestions: _____

BILLING:

16) I am notified of any outstanding balance/credit on my account.	1	2	3	4	NA
17) If I had a billing question, I was able to get my question(s) answered.	1	2	3	4	N/A
18) Billing and my receipt for payment are accurate and easy to understand.	1	2	3	4	N/A

Comments: _____

GENERAL:

19) Office Policies and Procedures were explained to me at the beginning of treatment.	1	2	3	4	5	N/A
20) I would use this office in the future	1	2	3	4	5	N/A
21) I would recommend this office to my family and friends	1	2	3	4	5	N/A
22) Overall I felt positive about my visit.	1	2	3	4	5	N/A
23) I feel an office web site would be helpful to me.	___Yes	___No	___No opinion			

If you answered yes please provide suggestions about what you feel would be helpful to you to include in a web site. _____

24) I have the following suggestions/comments that might make your office and my visits more accommodating:
