

Patient Satisfaction Survey: Outpatient Office¹

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

Your physician/provider:

I saw

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time between your call to schedule an appointment and your appointment date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The manners of the person(s) who scheduled your appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of directions to the office and the time of your appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The professionalism and helpfulness of your reception.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your wait time in the office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The comfort, cleanliness and amenities of the reception area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which staff respected your privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His or her explanation of procedures, diagnoses or treatment regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff's personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical skills (thoroughness, carefulness, competence) of the physician/practitioner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Adapted from Clinic and Endoscopy Patient Care Experience Questions 2005, Minnesota Gastroenterology, P.A.

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/A.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service/care provided was valuable to improving my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The educational information I received was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I clearly understand the next steps in my plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If lab work was done, did you receive your lab results in a timely manner following your office visit?

Yes No Not applicable

5. Would you return to see this physician/practitioner for further care?

Yes No

6. Would you recommend this practice to family and friends?

Yes No

7. a. Did any specific staff member stand out?

Yes No

b. If yes, who and why?

8. a. Was there any aspect of your care that could be improved?

Yes No

b. If yes, please explain.

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9. Please tell us what you like best about the care you received.

10. Please tell us what you like least about the care you received.