

PATIENT SERVICES SATISFACTION SURVEY

Name: _____

1) Were you able to schedule a convenient appointment?

Yes No No Appt / Walk-in / Home Visit

2) When you first arrived at our office, how would you rate your greeting by our reception staff?

Friendly and helpful Pleasant I Just signed In Rude
 They didn't acknowledge Me No receptionist present N/A Home/Clinic Visit

3) How comfortable and clean was the waiting area?

Very Comfortable It Was Okay Very Uncomfortable N/A Home/Clinic Visit

4) Regarding your scheduled appointment time, were you seen:

Before Appointment OnTime Just After Long After
 No Appt / Walk-in / Clinic I Was Late

5) Did we explain your financial obligations?

Yes No Not Applicable

6) How would you rate the knowledge, care and attention that the practitioner provided to you during your visit?

Well Done! Pretty Good Okay Needs Help NoOpinion

7) Did you and our professional staff discuss your goals and objectives as you go about your daily activities?

Yes No

8) How satisfied are you with your item/service?

Satisfied Mostly Satisfied Neutral Mostly dissatisfied Dissatisfied

9) Do you use your device on a daily basis or some other frequency?

Daily 3-5 times/week Less than 3 days/week Not at all

10) Would you recommend us to your friends or family if they were in need of similar services?

Yes No I am not sure

11) Additional Comments?
