



Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Child's Age: _____

What Language do you best understand? _____

Your Child's Sex: Male _____
 Female _____

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Scheduling appointments					
Location of offices					
Office Hours					
Prompt return on calls					
Waiting:					
Time in waiting room					
Time waiting to see provider					
Time waiting for tests or immunizations					
Time waiting for test results					
Staff:					
Provider: (Physician, Nurse Practitioner)					
Listens to you					
Takes enough time with you					
Questions were answered in a way I could understand					
Advise and treatment plans were acceptable					

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Please circle how well you think we are doing in the following areas:

Staff continued:					
Nurses and Medical Assistants:					
Wore Identification or identified themselves					
Friendly and helpful to you, showed concern					
Knowledgeable in their duties					
Triage Nurses:					
Return calls within reasonable time					
Friendly and helpful to you					
Answers your questions in a way you understand					
Reception and Scheduling:					
Wore Identification					
Friendly and helpful to you					
Willing to work with you					
Billing:					
Friendly and helpful to you					
Willing to work with you					
Explanation of charges when asked					
Collection of payment/money					
Facility:					
Neat and clean building					
Ease of finding where to go					
Comfort and Safety while waiting					
Privacy					
Confidentiality:					
Keeping my personal information private					
The likelihood of referring your friends and relatives to us:					

What do you like best about our center?

What do you like least about our office _____

Suggestions for improvement? _____

Thank you for completing our Survey!