

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"/> |



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| 16. Satisfaction that all your questions were adequately addressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Adequate time spent with physician/care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Your involvement in deciding upon treatment options..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Clear instructions for your treatment, ongoing care at home or follow-up..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Discussion about wellness and health maintenance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Your sense of trust in your physician/care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Overall care and concern provided by physician/care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Overall care and concern provided by nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Friendliness and professionalism of lab staff..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Friendliness and professionalism of x-ray staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Friendliness and professionalism of physical therapy staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Friendliness and professionalism of nursing staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

After Your Visit

| | P | F | G | VG | E |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. Notification of any test results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Your overall rating of the clinic..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Likelihood you would recommend our clinic to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Please share any additional comments or suggestions about how we can improve the service you received. | | | | | |

Please refold and seal with tape on bottom before mailing. Postage is already paid. Thank you.



P H Y S I C I A N - I D



M O N T H

