

Outpatient Satisfaction Survey

Thinking about your visit with the Mercy Outpatient Clinic, how would you rate the following: (please mark one answer for each question)

Response Definition: 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

	1	2	3	4	5
1. How long you waited to get an appointment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Convenience of the office location.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Getting through to the office by phone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Length of time waiting at the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Time spent with the person you saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Explanation of what was done to you.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The technical skills (thoroughness, carefulness, competence) of the person you saw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The personal manner (courtesy, respect, sensitivity, friendliness) of the person you saw.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The visit overall.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In general would you say your health is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Information

11. Would you recommend the person you saw to your family or friends?

- Definitely not Probably not Probably yes Definitely yes

12. Are you (the patient) male or female?

- Male Female

13. How old were you (the patient) on your last birthday?

- less than 5 5 to 10 11 to 15 16 to 20
 21 to 30 31 to 40 41 to 50 51 to 60
 61 to 70 greater than 70

We welcome your comments and suggestions - please write them inside the rectangle below. If you would like to be contacted, please write your name and phone number as well.

Thank you for completing this survey!