



## Patient Office Survey

We are gathering information that will enable us to better serve our patients. Thank you for helping us by agreeing to complete this questionnaire. When you are finished, please return the survey to the front desk.

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1. The following are some factors which might influence your feeling about our office. Please rate our office on each point using a scale of 1 to 10 (10 being the highest).

- |  |  |
|--|--|
| <input type="text"/> Convenient location               | <input type="text"/> Short waiting time                            |
| <input type="text"/> Attractive building               | <input type="text"/> Practitioners show concern for patients       |
| <input type="text"/> Bright, cheery waiting room       | <input type="text"/> High quality of service                       |
| <input type="text"/> Overall cleanliness of facilities | <input type="text"/> Doctor gave clear explanations & instructions |
| <input type="text"/> Neat appearance of personnel      | <input type="text"/> Doctor listened to opinion of patient         |
| <input type="text"/> Polite receptionist               | <input type="text"/> Fees are fair                                 |

2. What days and times of the week do you generally find preferable for an appointment?

- |                                |                                    |
|--------------------------------|------------------------------------|
| <input type="text"/> Monday    | <input type="text"/> 7am to 9am    |
| <input type="text"/> Tuesday   | <input type="text"/> 9am to Noon   |
| <input type="text"/> Wednesday | <input type="text"/> Noon to 2pm   |
| <input type="text"/> Thursday  | <input type="text"/> 2pm to 4pm    |
| <input type="text"/> Friday    | <input type="text"/> 4pm to 6pm    |
| <input type="text"/> Saturday  | <input type="text"/> 6pm to 9pm    |
| <input type="text"/> Sunday    | <input type="text"/> No preference |

3. How were you referred to our office?

- |                                 |   |
|---------------------------------|---|
| <input type="text"/> Friend     | <input type="text"/> Advertisement in Newspaper       |
| <input type="text"/> Relative   | <input type="text"/> Advertisement in mail            |
| <input type="text"/> Neighbor   | <input type="text"/> Yellow pages                     |
| <input type="text"/> Drove by   | <input type="text"/> Referral from Doctor             |
| <input type="text"/> Radio      | <input type="text"/> Referral from Attorney           |
| <input type="text"/> Television | <input type="text"/> Referral from other professional |
| <input type="text"/> Sign       | Other <input type="text"/>                            |

4. When you telephoned:

- |  |                 |
|--|-----------------|
| Was your call answered promptly?                 | ( ) Yes; ( ) No |
| Did you have a long wait before it was answered? | ( ) Yes; ( ) No |
| Did you have trouble getting through?            | ( ) Yes; ( ) No |
| Did you have to call several times?              | ( ) Yes; ( ) No |

5. My telephone conversation was:

- |                                |  |
|--------------------------------|--|
| <input type="text"/> Courteous | <input type="text"/> Impolite            |
| <input type="text"/> Hurried   | <input type="text"/> I did not telephone |

6. Our parking lot is:

- |  |  |
|--|--|
| <input type="text"/> Adequate (enough space) | <input type="text"/> Inadequate (not enough space) |
|--|--|

7. Our Receptionists are:

- |  |  |
|--|--|
| <input type="text"/> Warm and cheerful | <input type="text"/> Cool and unfriendly |
| <input type="text"/> Impolite          |  |

8. Our reception room is:  
\_\_\_\_\_ Comfortable \_\_\_\_\_ Clean and Neat  
\_\_\_\_\_ Uncomfortable \_\_\_\_\_ Disordered

9. The Practitioner:  
Explained my problem in easily understood language and gave me  
a clear understanding of my condition ( ) Yes; ( ) No  
Left me somewhat confused ( ) Yes; ( ) No  
Seemed rushed or impatient ( ) Yes; ( ) No

10. The Practitioner was:  
Professional in manner and appearance ( ) Yes, ( ) No  
Acceptable in manner and appearance ( ) Yes, ( ) No  
Less than professional in manner and appearance ( ) Yes, ( ) No

11. Were you satisfied with the care and service you received? ( ) Yes, ( ) No

12. The Fees:  
Did you understand the fees? ( ) Yes; ( ) No  
Did you feel that the fees were reasonable and fair? ( ) Yes; ( ) No

13. If you checked no to any of the above, please explain:

14. Why did you choose this office?

15. Have you recommended us to others?  
Yes, ( ) Thank You! To whom?

If "no" any reason why not?

16. If you were our practice manager, what suggestions would you have for improvement in the office, staff or procedures? Please be blunt and honest, as we can only consider and change that which we are aware of. This is your office --- and we welcome ways to serve you better.

Thank you very much!!!

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_