

# PATIENT SATISFACTION SURVEY

Our patients are very important to us, and we value your opinions and comments regarding our medical office. A few moments of your time will help us to provide the highest quality of medical care available. A scale of 5 (being most satisfied) to 1 (being least satisfied) has been provided to rate your experience with our office. For those items that are not applicable, please mark NA. If you wish to make additional comments, please do so in the designated areas.

## Which physician did you see?

Anton Bahu, DO    Richard Ozog, DO    Troy Smith, DO    Frank Winters, DO    William Rollins, DO

## Appointment and Telephone Staff

- |                                                                   |                            |                            |                            |                            |                            |                             |
|-------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1) When calling, my call was answered promptly                    | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 2) When I call the office, I am greeted with courtesy and respect | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 3) I was assisted in finding a suitable appointment time          | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 4) I was able to leave a message for my physician                 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 5) I was given the instructions, if any, for my appointment       | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |

Comments:

## Reception Staff

- |                                                                        |                            |                            |                            |                            |                            |                             |
|------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1) When arriving the staff was friendly and courteous                  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 2) When checking in, I was asked to update my information              | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 3) Confidential conversations were not audible from the reception area | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 4) Staff members were helpful and able to answer any questions I had   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 5) I was offered to schedule my follow-up appointment at check-out     | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |

Comments:

## Nursing Staff

- |                                                                                                                       |                            |                            |                            |                            |                            |                             |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1) The nurse was cordial and professional.                                                                            | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 2) Were vitals taken (weight, height, temp, blood pressure) and symptoms asked before you were seen by the physician? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 3) I am satisfied with the amount of time to return a phone message                                                   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 4) Confidential conversations were not audible while in the exam room                                                 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |
| 5) I was informed of results, medications, appointments and/or procedures clearly and in an easy to understand way.   | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> NA |

Comments:

**Physician**

- 1) When my doctor greeted me he made me feel important  5  4  3  2  1  NA
- 2) How satisfied were you with the wait time to see the doctor  5  4  3  2  1  NA
- 3) Did you feel the doctor spent enough time with you at your visit?  5  4  3  2  1  NA
- 4) Did you have a clear understanding of your treatment plan?  5  4  3  2  1  NA
- 5) Did you feel you were given instruction on preventive care?  5  4  3  2  1  NA

Comments:

**Special Procedures and Radiology Staff**

- 1) The staff was friendly and courteous  5  4  3  2  1  NA
- 2) How satisfied were you with the wait time to have testing  5  4  3  2  1  NA
- 3) Were you given instructions, if needed, before the procedure?  5  4  3  2  1  NA
- 4) Were you given an approximate time before results would be in?  5  4  3  2  1  NA

Comments:

**Office Waiting Areas**

- 1) The waiting area was neat and comfortable  5  4  3  2  1  NA
- 2) There is adequate seating available  5  4  3  2  1  NA
- 3) There is current and interesting material to read  5  4  3  2  1  NA

Comments:

**Overall Satisfaction**

- 1) Overall, was your experience with our office a positive one  5  4  3  2  1  NA
- 2) I would refer a friend or relative to this practice  5  4  3  2  1  NA

Comments:

**Date of Visit:**

**Your Name (Optional):**

*Thank you for your time in helping us to improve our office.*

*Management*