

Women's & Family Health Specialists Patient Satisfaction Survey

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



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
1. Ease of getting care:					
a. Ability to get in to be seen	5	4	3	2	1
b. Hours Clinic is open	5	4	3	2	1
c. Prompt return on calls (<i>Within an Average of 24 hours</i>)	5	4	3	2	1
2. Waiting Time:					
a. In waiting room	5	4	3	2	1
b. In exam room	5	4	3	2	1
c. For test results	5	4	3	2	1
d. For surgery to be scheduled	5	4	3	2	1
3. Staff:					
<i>Your established Physician:</i> (Physicians name _____)					
a. Listens to you	5	4	3	2	1
b. Takes enough time with you	5	4	3	2	1
c. Explains what you want to know	5	4	3	2	1
d. Gives you good advice and treatment	5	4	3	2	1
4. Other Physicians you have seen: Please provide overall rating					
a. Dennis Brown, MD	5	4	3	2	1
b. Augustine Lawrence, MD	5	4	3	2	1
c. Naomi Olson, MD	5	4	3	2	1
d. Dara Jolly, MD	5	4	3	2	1
e. Scott Cole, MD	5	4	3	2	1
f. Evelyn Spieker, ARNP	5	4	3	2	1
g. Flavia Constantin, MD	5	4	3	2	1
h. Marcia Jordan, MD	5	4	3	2	1
i. Darla Klokeid, MD	5	4	3	2	1
j. Emily Balser, MD	5	4	3	2	1
5. Nurses and Medical Assistants:					
a. Friendly and helpful to you	5	4	3	2	1
b. Answers your questions	5	4	3	2	1

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6. Receptionists:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
7. Billing Department Staff:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
8. Ultrasonographers:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
9. Medical Records Department:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
10. The likelihood of referring your friends and relatives to us:	5	4	3	2	1

What did you like BEST about our clinic? _____

What did you like LEAST about our clinic? _____

Suggestions for improvement? _____

Thank you for completing our Survey!

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Gender: _____ Age: _____

Would you like someone to contact you regarding your responses on this survey? Y