**PATIENT SATISFACTION SURVEY**

Name of the doctor this survey is about:_____________________________________________________________________________________

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

Please circle your responses.

<table>
<thead>
<tr>
<th>How satisfied are you with the following?</th>
<th>Extremely Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Extremely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ease of making appointment for checkups (physical exams, well visits, routine follow-up appointments)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Ease of making appointments for sickness?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Ease in contacting your doctor when our office is closed (nights and weekends)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Ease in speaking directly with your doctor by telephone when you call during office hours?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The time it takes someone from our office to respond when you call the office with an urgent problem?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Waiting time in our office?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Ease in obtaining follow-up information and care (test results, medicines, care instructions)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Overall medical care at your doctor’s office?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Our office’s appearance?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Our office’s convenience (location, parking, hours, office layout)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. The way we teach you about improving your health?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. The way your doctor involves other doctors and caregivers in your care when needed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How caring would you say the following individuals are?</th>
<th>Extremely Uncaring</th>
<th>Very Uncaring</th>
<th>Caring</th>
<th>Very Caring</th>
<th>Extremely Caring</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Your doctor?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Our medical staff?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Our office staff?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definitely Not</th>
<th>Probably Not</th>
<th>Not Sure</th>
<th>Probably</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Would your recommend your doctor to your family or friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
These questions pertain to the patient to whom this survey was addressed:

17. Age in years:
   - [ ] <1
   - [ ] 10-19
   - [ ] 40-49
   - [ ] 66-75
   - [ ] 1-4
   - [ ] 20-29
   - [ ] 50-59
   - [ ] 75+
   - [ ] 5-9
   - [ ] 30-39
   - [ ] 60-65

18. Gender:  [ ] Male   [ ] Female

19. How long have you been a patient of this doctor?
   - [ ] Less than 1 year
   - [ ] 1-4 years
   - [ ] 5-9 years
   - [ ] 10 years or more

20. How many times have you visited this doctor’s office in the past 12 months for medical care?
   - [ ] 0
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6 or more

These questions pertain to the responsible party:

21. The name of your health plan:  ____________________________

22. The name of your employer:  ____________________________

23. Your level of education:
   - [ ] 8th grade or less
   - [ ] Some college
   - [ ] Some high school
   - [ ] College graduate
   - [ ] High school graduate
   - [ ] Post-graduate degree

Comments:  ________________________________________________
            ________________________________________________
            ________________________________________________
            ________________________________________________
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