

PHONE SYSTEM SURVEY

We're evaluating our phone system and need your help. Please fill out this survey and return it to the front desk.

Please base your answers to the following questions on your experiences calling our office over the past few months.

1. When you called our office to make this appointment, how many times did you get a busy signal?

- I didn't get a busy signal.
- One time.
- Two times.
- Three or four times.
- More than four times.
- I can't remember.

2. Was your call answered promptly?

- Yes, the phone rang less than four times.
- No, the phone rang more than four times.
- I can't remember.

3. If you were put on hold, did you have to wait more than two minutes before the receptionist came back on the line?

- No, I didn't have to wait more than two minutes.
- Yes, I had to wait more than two minutes.
- I can't remember.
- I was not put on hold.

4. If you called and left a message, when was your call returned?

- Within 15 minutes.
- In about 15 to 30 minutes.
- After 30 minutes.
- After two hours.
- The next day.
- My call was never returned.
- I can't remember.

5. Based on your telephone contacts with our office over the past few months, how easy has it been for you to do the following?

	Very difficult	Difficult	Easy	Very easy
A. Make appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Get prescriptions refilled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Get lab results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Talk to a nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Talk to your doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Who is your doctor? _____

Thank you. Please return this survey to the receptionist.



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