

Patient Survey Questionnaire

We wish to give you competent medical care and make our relationship mutually satisfying. To help us reach these goals, please take a few minutes to answer the questions below. Mail your reply back to us in the accompanying stamped, addressed envelope. Be honest! This is your chance to speak your mind. You need not sign this questionnaire.

1. When you telephoned our office, did receptionist answer courteously? Yes___No___
Comments:_____
2. Have you ever telephoned our office and received no response? Yes___No___
If yes, at what time of day?_____
3. Did you receive an appointment within a reasonable length of time? Yes___No___
4. Upon arrival, did you find a convenient parking space? Yes___No___
5. Did you have difficulty locating our office? Yes___No___
6. Upon arrival, did the receptionist greet you courteously? Yes___No___
Comments:_____
7. Are the chairs and furnishings in our reception room satisfactory? Yes___No___
8. Did you like the selection of magazines in our reception room? Yes___No___
9. Were our assistants courteous, pleasant, helpful, and efficient? Yes___No___
Comments:_____
10. Were our assistants neat in appearance and dress? Yes___No___
11. Upon arrival, how long did you wait before beginning the examination? _____
If it was a long time were you given a reason for the delay? Yes___No___
Comments:_____
12. Were you satisfied with the level of care and attention you received? Yes ___ No ___
Comments:_____
13. How would you rate the doctor on his patience, warmth, and interest in your problem?
Outstanding___Good___Hurried___Poor___ Comments:_____
14. How would you rate the doctor on professional thoroughness in the examination?
Meticulous ___ Average___Poor___ Comments:_____
15. After hours, have you ever had difficulty in reaching the doctor in an emergency?
Yes___No___ Comments:_____
16. Did you understand the doctor's explanation of the results of your office visit?
Yes___No___
17. Did you have difficulty understanding our insurance form and statement? Yes___No___

Any suggestions you may have about service in our office will be appreciated. Please feel free to comment on any topic. Use the reverse side of this form if you wish.

Date _____ Signature (optional)_____

Source: [Managing a Practice – Where to Begin](#)

Products related to this topic on website www.practicesupport.com include:

[Patient Satisfaction Surveys & Ways to Keep Good Patients](#)

[Step Up Your Quality of Patient Service](#)

[Marketing Handbook for the Physician Practice](#)

[PAHCOM Practice Enhancement Manual](#)