

## Patient Satisfaction Survey

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






Services Received (Circle one): **Dental** / Medical / Behavioral Health  
 Location: \_\_\_\_\_

Provider Seen: \_\_\_\_\_  
 Today's Date: \_\_\_/\_\_\_/\_\_\_

Your Race/Ethnicity (Circle one):

African American / American Indian / Asian / Hispanic or Latino (all races) / Pacific Islander / White (not Hispanic or Latino)

Your Sex: \_\_\_M \_\_\_F      Your Age: \_\_\_\_\_

Please circle how well you think we are doing in the following areas:	 GREAT 4	 GOOD 3	 OK 2	 FAIR 1	 POOR 0
<b>Ease of Getting Care</b>					
Ability to get in to be seen	4	3	2	1	0
The hours the center is open	4	3	2	1	0
The convenience of the center's location	4	3	2	1	0
Prompt return of your calls <b>Circle reason</b> Dental    Medical    Billing/Info	4	3	2	1	0
<b>Waiting</b>					
Time in waiting room	4	3	2	1	0
Time in exam room	4	3	2	1	0
Waiting for tests to be performed	4	3	2	1	0
Waiting for test results	4	3	2	1	0
<b>Staff—Providers (Physician, Dentist, Physician Assistant, Nurse Practitioner)</b>					
Listens to you	4	3	2	1	0
Takes enough time with you	4	3	2	1	0
Explains what you want to know	4	3	2	1	0
Gives you good advice and treatment	4	3	2	1	0
<b>Staff—Nurses and Medical Assistants</b>					
Friendly and helpful to you	4	3	2	1	0
Answers your questions	4	3	2	1	0
<b>Staff—All Others</b>					
Friendly and helpful to you	4	3	2	1	0
Answers your questions	4	3	2	1	0
<b>Payment</b>					
What you pay	4	3	2	1	0
Explanation of charges	4	3	2	1	0
Collection of payment/ money	4	3	2	1	0
<b>Facility</b>					
Neat and clean building	4	3	2	1	0
Ease of finding where to go	4	3	2	1	0
Comfort and safety while waiting	4	3	2	1	0
Privacy	4	3	2	1	0
<b>Confidentiality</b>					
Keeping my personal information private	4	3	2	1	0
The likelihood of referring my friends and relatives to us:					
Do you consider this center your regular source of care?	Yes	No			
What do you like best about our center?					
What do you like least about our center?					
Suggestions for improvement?					

**Thank you for completing our survey!**

Name and Phone Number: \_\_\_\_\_ (optional)

Would you like someone to return a phone call to you?    Yes    No