

NAME: _____ **PHYSICIAN:** _____ **DATE OF VISIT:** _____

A. Appointment Scheduling:

Did you call our office to make your appointment?	YES	NO	N/A
Was your phone call answered in a timely manner?	YES	NO	N/A
Did you have to leave a message?	YES	NO	N/A
Was the receptionist friendly and courteous?	YES	NO	N/A

B. When you arrived for your appointment:

Were you greeted quickly?	YES	NO	N/A
Was the check-in person friendly and courteous?	YES	NO	N/A
Was the check in staff wearing a name badge?	YES	NO	N/A
Did the check in staff use your name?	YES	NO	N/A
While you were waiting, did we keep you aware of your status?	YES	NO	N/A
Was the reception area clean and comfortable?	YES	NO	N/A

C. When you were called to the exam room:

Did the clinic staff greet you with a smile?	YES	NO	N/A
Did the clinic staff use your name?	YES	NO	N/A
Was the clinic staff wearing a name badge?	YES	NO	N/A
In the exam room, did we keep you aware of your status?	YES	NO	N/A
Do you feel that we were careful about your confidentiality?	YES	NO	N/A
Did you hear any inappropriate side-chatter among our staff?	YES	NO	N/A

D. During your visit with the provider:

Did the provider listen carefully to you?	YES	NO	N/A
Did the provider spend enough time with you?	YES	NO	N/A
Did the provider take time to answer all your questions?	YES	NO	N/A
Did the provider explain things in a way you could understand?	YES	NO	N/A

E. When your visit was over:

Did someone let you know that the visit was over?	YES	NO	N/A
Did someone ask you if you had any other questions?	YES	NO	N/A
Did someone say good-bye to you?	YES	NO	N/A
If you've contacted our medical staff by phone, was your issue addressed in a timely manner?	YES	NO	N/A
If you've contacted our administrative staff (i.e. billing), was the person helpful and courteous to you?	YES	NO	N/A

F. Thinking about the total experience:

Did we make you feel valued and important?	YES	NO	N/A
Do you want to come back to us the next time you need care?	YES	NO	N/A
Would you refer a friend or family member to our practice?	YES	NO	N/A

Other comments:

Please tell us the name of anyone especially helpful to you during your visit. _____