



Pediatric Associates of Greater Salem

72 -84 -116 Highland Ave • Salem, MA 01970 978-745-3050 (Phone)

Patient Satisfaction Survey

Date of visit: _____ Practitioner seen today: _____

Which office did you visit today? Circle one

72 (Yellow House)

84 (Mall Office)

116 (White House w/ fish tank)

Survey Instructions

Our goal is to provide you with the best health care and service possible. In an effort to better meet your needs and expectations, we ask that you take a few minutes to fill out this patient experience survey.

Please note that all responses will be confidential—you do not have to identify yourself on the survey! The information you share will be used in a respectful and confidential manner.

Your feedback will help us to provide you with better care in the future. Thank you for your help.

	Poor	Fair	Good	Very Good	Excellent	Does Not Apply
1. Length of time spent on the phone scheduling your appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Length of time, if any, that I had to wait past my appointment time before seeing my practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Neatness, cleanliness, and general appearance of the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness and helpfulness of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Medical knowledge of provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Explanation of diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Explanation of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The staff's help with scheduling any follow-up visits, referrals, or tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The staff's explanation of billing and payment/insurance issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Overall satisfaction with Pediatric Associates of Greater Salem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide the name of any staff that you think provided outstanding customer service.

Any other comments?

Thank you for your assistance!