



THE **B.A.C.K.**  
CENTER  
BACK AUTHORITY for CONTEMPORARY KNOWLEDGE™

**THE B.A.C.K. CENTER  
PATIENT SATISFACTION SURVEY**

**NAME: (optional)** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YOUR PHYSICIAN AND/OR NON-PHYSICIAN PRACTITIONER'S NAME(S):**

\_\_\_\_\_

**1. Is this your**  **first visit, or**  **a return visit?**

**2. Why did you choose this office for your medical treatment?**

- |  |   |
|--|---|
| <input type="checkbox"/> Near my office or home          | <input type="checkbox"/> Picked from my insurance |
| <input type="checkbox"/> Referred by another patient     | plan physician listing                            |
| <input type="checkbox"/> Telephone listing               | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Website (www.thebackcenter.net) |   |
| <input type="checkbox"/> Referred by another physician   |   |

**3. How long did it take you to get in for your initial appointment?**

- \_\_\_\_\_ Days  
 \_\_\_\_\_ Weeks

**4. Please describe your initial telephone call:**

- The telephone was answered promptly  
 I was put on hold  
 The line was busy  
 I did not make the initial call  
 Comments: \_\_\_\_\_

**5. Please rate the person who answered your call:**

*Please circle one*

**Discourteous → 1 2 3 4 5 ← Courteous**

**6. How were you treated when you arrived at the reception desk?**

*Please circle one*

**Unpleasant → 1 2 3 4 5 ← Pleasant**

**7. After you arrived, how long did you have to wait to see your physician or non-physician practitioner? \_\_\_\_\_ Minutes**

*Please circle one*

**Unsatisfactory → 1 2 3 4 5 ← Satisfactory**

8. Please rate the nurse/medical assistant?

*Please circle one*

Disinterested → 1 2 3 4 5 ← Personable

9. How was the attitude of the office staff?

*Please circle one*

Cold → 1 2 3 4 5 ← Friendly

10. Were you satisfied with the amount of time the doctor spent with you?

*Please circle one*

Very Dissatisfied → 1 2 3 4 5 ← Very Satisfied

11. Please rate the physician's interest in your problem.

*Please circle one*

Indifferent → 1 2 3 4 5 ← Interested

12. How would you assess your doctor's explanation of your illness and treatment?

*Please circle one*

Inadequate → 1 2 3 4 5 ← Excellent

13. Were you satisfied with the medical treatment you received?

*Please circle one*

Very Dissatisfied → 1 2 3 4 5 ← Very Satisfied

14. Would you like someone to contact you personally about any of your questions or concerns?

Yes  No (If yes, please leave your name and telephone number below)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR YOUR PARTICIPATION IN THIS PATIENT SATISFACTION SURVEY!

