

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?

PSR

Practice Support Resources, Inc.

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](#)

Publications 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](#)