

SAMPLE PATIENT SATISFACTION SURVEY

Please answer the following questions about your appointment with Dr. _____ of Valley Internal Medicine on _____ (date) at our Maple Street Office. This information will be used for quality purposes to identify where we can improve our procedures and services to ensure our patients' needs are being met through the delivery of quality care by our staff.

1. Did the receptionist greet you promptly and pleasantly? Yes No

2. How long did you have to wait before you were called back to see by a doctor by a member of our staff?
 Less than 10 minutes 10–30 minutes More than 30 minutes
 If more than 30 minutes, did a member of the office staff talk to you about the delay or tell you the doctor was running behind schedule? Yes No

3. How long did you wait in the examination room before being seen by the doctor?
 Less than 10 minutes 10–30 minutes More than 30 minutes

4. Please tell us how satisfied or dissatisfied you were with each of the following:

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
A. Your interaction with our receptionist and front office personnel				
B. How you were treated by the nurse or physician's assistant				
C. How you were treated by the doctor				
D. The amount of time the doctor spent with you				
E. The amount of time the doctor gave you to ask questions or raise concerns				
F. The way your questions were answered				
G. The courtesy you were shown by the staff at our office				

5. Please tell us how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The office environment was clean and comfortable				
B. The front office staff was friendly, helpful, and courteous				
C. The nurse/physician's assistant was knowledgeable and professional				
D. The nurse/physician's assistant was friendly, courteous and respectful				
E. The doctor was friendly and courteous				

Continued

- F. The doctor answered all my questions and addressed my concerns
- G. The doctor gave me his/her complete attention during my appointment
- H. The billing staff was helpful and courteous
- I. My visit to the office was a pleasant and experience

6. Overall, how would you rate your visit to our office?
 Very Positive Somewhat Positive Somewhat Negative Very Negative

7. What, if anything, did you like most about your visit to our office?

8. What, if anything, did you like least about your visit to our office?

9. Please tell us what, if anything, we can do to make your future visits to our office better for you:



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Information provided is offered solely for general information and educational purposes. It is not offered as, nor does it represent, legal advice. Neither does it constitute a guideline, practice parameter or standard of care. You should not act or rely upon this information without seeking the advice of an attorney.

If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.