

## Patient Satisfaction Survey

*We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous.*

Date: \_\_\_\_\_

Physician Seen: Lazoff Stensland Zolman

Your Age: \_\_\_\_\_ Your Sex: M F

Location: FW Angola Kendallville

Apointment time: AM or PM



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours Office is open	5	4	3	2	1
Convenience of Office locations	5	4	3	2	1
Prompt return on phone calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room (Estimated time _____)	5	4	3	2	1
Time in exam room (Est. time _____)	5	4	3	2	1
Waiting for tests to be performed (Est. time _____)	5	4	3	2	1
Waiting for procedure to be performed (Est. time _____)	5	4	3	2	1
<b>Staff:</b>					
<i>Provider: (Physician, PA, NP)</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<i>Front Office &amp; Scheduling:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Billing:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<i>All Others:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Payment :					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

What do you like best about our practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like least about our Practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing our Survey!