

PATIENT SATISFACTION SURVEY

Name of the doctor this survey is about: _____

We are interested in receiving your feedback about the care provided at our office. Please take a few minutes to complete this survey and return it to us. Your responses are important to us.

Please circle your responses.

How satisfied are you with the following?	Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
1. Ease of making appointment?	1	2	3	4	5
2. My provider is very competent and well-trained?	1	2	3	4	5
3. Ease in contacting your doctor when our office is closed (nights and weekends)?	1	2	3	4	5
4. Ease in speaking directly with your doctor ?	1	2	3	4	5
5. The time it takes someone from our office to respond when you call the office ?	1	2	3	4	5
6. Waiting time in our office?	1	2	3	4	5
7. Ease in obtaining follow-up information ?	1	2	3	4	5
8. Overall medical care at your doctor's office?	1	2	3	4	5
9. Our office's appearance?	1	2	3	4	5
10. Our office's convenience (location, parking, hours, office layout)?	1	2	3	4	5
11. Providers listen carefully to what I have to say?	1	2	3	4	5
12. The way your doctor involves other doctors and caregivers in your care when needed?	1	2	3	4	5

How caring would you say the following individuals are?	Extremely Uncaring	Very Uncaring	Caring	Very Caring	Extremely Caring
13. Your Therapist?	1	2	3	4	5
14. Our medical staff?	1	2	3	4	5
15. Our office staff?	1	2	3	4	5
	Definitely Not	Probably Not	Not Sure	Probably	Definitely
16. Would you recommend your doctor to your family or friends?	1	2	3	4	5

continued ►

These questions pertain to the patient to whom this survey was addressed:

17. Age in years:

- <1 10-19 40-49 66-75
- 1-4 20-29 50-59 75+
- 5-9 30-39 60-65

18. Gender: Male Female

19. How long have you been a patient of The Wellness Tree?

- Less than 1 year 1-4 years 5-9 years 10 years or more

20. How many times have you visited this office in the past 12 months for care?

- 0 1 2 3 4 5 6 or more

These questions pertain to the responsible party:

21. The name of your health plan: _____

22. The name of your employer: _____

23. Your level of education:

- 8th grade or less Some college
- Some high school College graduate
- High school graduate Post-graduate degree

Comments: _____
