H AND R MEDICAL PRACTICE –PATIENT SATISFACTION SURVEY

Please, circle your physician's name

Dr. A. Riabova Dr. K. Rao

Please, circle the answer that best represents your feelings. Please, select only one answer per question.

4-Excellent 3-Above Average 2-Average 1-Below Average 0-Poor

Appointment Scheduling

1. Were you able to schedule an appointment when you needed one?	4 3 2 1 0
2. Were you given options for appointment times?	4 3 2 1 0

Environment

1. Were the directions to the office adequate?	4 3 2 1 0
2. Was the waiting area clean and orderly?	4 3 2 1 0
3. Was the examination room clean and orderly?	4 3 2 1 0

Patient Care Staff

1. Was the front desk staff courteous, friendly and caring?	4 3 2 1 0
2. Was the nursing staff courteous, friendly and caring?	4 3 2 1 0
3. Was the staff prompt in responding to your needs?	4 3 2 1 0
4. Were you treated with respect and dignity?	4 3 2 1 0
5. Was the staff concerned for your comfort and privacy?	4 3 2 1 0

Physician

1. Did the physician see you at appropriate time?	4 3 2 1 0
2. Was the physician courteous and caring?	4 3 2 1 0
3. Did the physician keep you informed about tests and treatments?	4 3 2 1 0
4. Were you given clear instructions, follow-up, and education on your condition?	4 3 2 1 0

Overall

1. How would you overall rate your experience with our practice?	4 3 2 1 0
2. Would you return to this facility in the future?	4 3 2 1 0
3. Would you recommend this physician?	4 3 2 1 0

Comments

What recommendations do you have for future services?

Additional comments (describe good or bad experiences)

Thank you for taking time to complete this survey. Your concerns are our priorities.