

How long have you gone to
this practice?

Visit Type: Sick
Well

PRACTICE NAME

This survey is anonymous and confidential. Your satisfaction with the care that you received is important to us, and we hope that you will complete the following survey. Your feedback will help us improve services at this practice.

1. Do you have health insurance?

Please	1	2	3
Circle	Yes	No	Unknown
One:			

2. How satisfied are you with the level of concern that your doctor's office had for your questions or worries?

Please	1	2	3	4	5	6	7
circle	Very	Dissatisfied	Neutral	Satisfied	Very	Not Sure	N/A
one:	Dissatisfied				Satisfied		

Please explain why you chose this answer:

3. How satisfied are you with the level of care you received at your doctor's office?

Please	1	2	3	4	5	6	7
circle	Very	Dissatisfied	Neutral	Satisfied	Very	Not Sure	N/A
one:	Dissatisfied				Satisfied		

Please explain why you chose this answer:

4. How satisfied are you with how well the medical staff at your doctor's office listens to you?

Please	1	2	3	4	5	6	7
circle	Very	Dissatisfied	Neutral	Satisfied	Very	Not Sure	N/A
one:	Dissatisfied				Satisfied		

Please explain why you chose this answer:

5. How satisfied are you with the amount of time the medical staff at your doctor's office spends answering your questions?

Please circle one:	1	2	3	4	5	6	7
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Not Sure	N/A

Please explain why you chose this answer:

6. How satisfied are you with the office staff's (For example: receptionist, person who scheduled your appointment) helpfulness and politeness?

Please circle one:	1	2	3	4	5	6	7
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Not Sure	N/A

Please explain why you chose this answer:

7. How well does the medical staff at your doctor's office ensure that private matters are discussed with you in an area where no one else can hear?

Please circle one:	1	2	3	4	5	6	7
	Very Poorly	Poorly	Okay	Good	Great	Not Sure	N/A

Please explain why you chose this answer:

8. How well does the medical staff at your doctor's office explain the steps you need to take to improve your health?

Please circle one:	1	2	3	4	5	6	7
	Very Poorly	Poorly	Okay	Good	Great	Not Sure	N/A

Please explain why you chose this answer:

9. In the last 12 months, when you phoned this office, how easy was it to schedule visits for the days and times you needed?

Please circle one:	1	2	3	4	5	6	7
	Very Difficult	Difficult	Neutral	Easy	Very Easy	Not Sure	N/A

Please explain why you chose this answer:

10. In the last 12 months, when you phoned your specialty office, how easy was it to schedule visits for the days and times you needed?

Please circle one:	1	2	3	4	5	6	7
	Very Difficult	Difficult	Neutral	Easy	Very Easy	Not Sure	N/A

Please explain why you chose this answer:

11. In the last 12 months, when you phoned this office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

Please circle one:	1	2	3	4	5	6	7
	Never	Almost Never	Occasionally	Almost every time	Every Time	Not Sure	N/A

12. In the last 12 months, when you phoned this office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Please circle one:	1	2	3	4	5	6	7
	Never	Almost Never	Occasionally	Almost Every Time	Every Time	Not Sure	N/A

Time

13. What barriers make it difficult for you to visit your primary care provider?

Please
circle all
that
apply:

Transportation/
Parking

Office Hours

Finances

Scheduling

Other

If other, please list additional barriers:

14. What could be done differently to make your experience at this doctor's office better?

15. Within the past 12 months we worried whether our food would run out before we got money to buy more.

Please
Circle
One:

1
Often True

2
Sometimes True

3
Never True

4
Unsure

16. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Please
Circle
One:

1
Often True

2
Sometimes
True

3
Never True

4
Unsure