

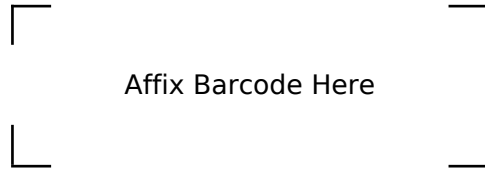


12345-67890

PATIENT SURVEY

IMPORTANT INFORMATION:

Please use blue or black pen to scribble in the checkbox that appropriately describes your experience with us today.



Affix Barcode Here



25. Your practice will be my first choice if I need your specialty care in the future.

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree
- F. N/A

26. My wait in the examining room was appropriate.

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree
- F. N/A

27. The appearance and neatness of the examination room was excellent.

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree
- F. N/A

28. The check-out process was a pleasant experience.

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree
- F. N/A

29. Overall my experience was pleasant.

- A. Strongly Agree
- B. Agree
- C. Neither Agree nor Disagree
- D. Disagree
- E. Strongly Disagree
- F. N/A

30. Please share one thing you would change to make your experience more pleasant.

Response area for question 30, consisting of a rectangular box with horizontal dashed lines for writing.

31. Please share the best thing about your visit.

Response area for question 31, consisting of a rectangular box with horizontal dashed lines for writing.

32. Please name a staff member who was especially helpful.

Response area for question 32, consisting of a rectangular box with horizontal dashed lines for writing.

33. Please share any additional comments. If you would like to be contacted to share your experience please include your contact details.

Response area for question 33, consisting of a rectangular box with horizontal dashed lines for writing.

