

Patient Satisfaction Survey



Your opinions are important to us. We want to know how we are doing — the good and what we can do better. Please take a couple of minutes to provide us with important information to assist us in our efforts to better serve you.

Please rate us from 1 to 5 using the scale below.

- 1** Inadequate **2** Adequate **3** Favorable **4** Very Favorable **5** Excellent

1. How easy was it to make an initial appointment? 1 2 3 4 5 NA

2. How would you rate our customer service? 1 2 3 4 5 NA

3. How would you rate the receptionist on:

a. Making you feel welcomed? 1 2 3 4 5 NA

b. Helpfulness? 1 2 3 4 5 NA

c. Professionalism? 1 2 3 4 5 NA

d. Respectfulness? 1 2 3 4 5 NA

e. Thoroughness of obtaining all necessary information? 1 2 3 4 5 NA

4. How would you rate the comfort of the reception area? 1 2 3 4 5 NA

5. How would you rate the amount of time you had to wait in the reception area prior to be taken back to the exam room? 1 2 3 4 5 NA



6. How would you rate the nurse or medical assistant on:

a. Greeting you with a smile?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
b. Professionalism?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
c. Respectfulness?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
d. Listening to your needs?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
e. Caring?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
f. Courteous?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
g. Maintaining your privacy?	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA

7. How would you rate the time that the Physician spent with you?

<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
------------------------------------	------------------------------------	------------------------------------	------------------------------------	------------------------------------	--------------------------

8. Rate your satisfaction with the Physician's explanation of your child's health condition?

<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
------------------------------------	------------------------------------	------------------------------------	------------------------------------	------------------------------------	--------------------------

9. Rate your satisfaction with the overall cleanliness and comfort of the facility.

<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> NA
------------------------------------	------------------------------------	------------------------------------	------------------------------------	------------------------------------	--------------------------

10. Would you recommend this practice to your family and friends?

Definitely Yes Probably Yes Probably No Definitely No

11. Have you used our on-line services?

YES NO

12. If Yes, what feature did you like best?

13. Comments on Website:

14. Have you used our in-house prescription dispensing program?

YES NO

15. Comments regarding dispensing program:

16A. What do you like best about Pediatric Associates of Franklin?

16B. What can we do to improve?

Practice Personnel:

Which Physician did you see?

- Meneely Townsend
 Brooks Couden
 Chambers Hood
 Carr

Did you see our Nurse Practitioner? Yes No

What time of day was your appointment/visit?

- Morning Afternoon Night Clinic Weekend

Who was your nurse?

What day of the week was your appointment?

- MON TUE WED THU FRI SAT SUN

Name and Contact Information: (Optional) *if you would like a call from the Administrator.*

Name

Email Address

Date

THANK YOU FOR YOUR TIME AND FOR BEING OUR PATIENT!

Thank you for completing the survey. In order to submit the survey, click the save button to save this file your computer. Then email it as an attachment to chawk@franklinpeds.com

