



**Care from Medical Practice Staff**

**DATE** \_\_\_\_\_

	Strongly Agree	Agree	Uncertain/ Unsure	Disagree	Strongly Disagree	No Opinion/ Does Not Apply
1. When calling the office about this visit, I was able to reach a staff member in an acceptable amount of time.						
2. During this visit, the nurses listened carefully to me.						
3. During this visit, the nurses treated me with courtesy and respect.						

**Care from Our Providers**

	Strongly Agree	Agree	Uncertain/ Unsure	Disagree	Strongly Disagree	No Opinion/ Does Not Apply
5. During this visit, my provider treated me with courtesy and respect.						
6. During this visit, my provider listened carefully to me.						
7. During this visit, the wait time before I saw my provider was acceptable.						
8. During this visit, my provider spent a sufficient amount of time with me.						
9. During this visit, my provider conducted a satisfactory exam.						
10. I am satisfied with the way my provider is treating my condition.						
11. During this visit, my doctor used words I could understand.						
12. Based on this visit, I would stay with this physician.						
13. I would recommend this doctor to my friends and family.						

**Overall Experience with this Practice**

	Always	Almost Always	Usually	Sometimes	Almost Never	Never	Does Not Apply
14. When you phoned this doctor's office to get an appointment for <u>care you needed right away</u> , how often did you get an appointment as soon as you thought you needed?							

	Always	Almost Always	Usually	Sometimes	Almost Never	Never	Does Not Apply
15. Were the receptionists in the office as helpful as you thought they should be?							
16. How often did you see this doctor <u>within 15 minutes</u> of your appointment time?							
17. Easy to understand instructions about taking care of these health problems or concerns?							
18. Did we coordinate your care as you thought we should, if you needed a referral?							
19. When you made an appointment for a check-up or routine care did you get an appointment as soon as you thought you needed?							
20. Did you get an answer to your medical question the same day that you called?							
21. How many times have you come to the office this year?							

22. Using any number from 0 to 10, where 0 is the worst clinic possible and 10 is the best clinic possible, what number would you use to rate this clinic?

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23. Please tell us about anything that was done well or anything that could have improved the care and services you received at your most recent visit. Please print or write legibly.

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Name (optional) \_\_\_\_\_

Provider \_\_\_\_\_