



## Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age : \_\_\_\_\_

Your Race/Ethnicity:    \_\_\_\_\_ Black/African American  
    \_\_\_\_\_ Asian  
    \_\_\_\_\_ Pacific Islander  
    \_\_\_\_\_ White (not Hispanic or Latino)  
    \_\_\_\_\_ American Indian

Your Sex (circle):    M   F

Who are you here to see? Please circle one:    Doctor    Dentist    Therapist

Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b><i>Ease of getting care:</i></b>					
Ability to get in to be seen	5	4	3	2	1
Hours center is open	5	4	3	2	1
Convenience of our location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<b><i>Waiting:</i></b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b><i>Provider: (Physician, Dentist, Nurse Practitioner)</i></b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<b><i>Case Managers:</i></b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<b><i>Nurses and Medical Assistants:</i></b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



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Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b><i>All other staff:</i></b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b><i>Payment:</i></b>					
Amount you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<b><i>Facility:</i></b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b><i>Confidentiality:</i></b>					
Keeping my personal information private	5	4	3	2	1
<b>The likelihood of referring your friends and relatives to us:</b>	5	4	3	2	1

Do you consider this center your regular source of care? \_\_\_\_ Yes \_\_\_\_ No

What do you like best about The Daily Planet? \_\_\_\_\_

What do you like least about The Daily Planet? \_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_

Are there additional services you would like The Daily Planet to provide? \_\_\_\_\_

Are our hours of operation convenient for you? \_\_\_\_\_

Have you heard about Patient Centered Medical Home? \_\_\_\_\_

**Thank you for completing our survey!**