



Dear Parent,

Thank you for visiting our _____ office today. Please tell us your opinion about the service you received from _____. Your responses will be kept strictly confidential. Thank you for your help. Our AIM is to give you a predictively positive experience on every visit.

PLEASE RATE THE FOLLOWING:

A. YOUR APPOINTMENT:	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1 Ease of making appointments by phone	5	4	3	2	1	N/A
2 Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3 Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
4 Getting after-hours care when you needed it	5	4	3	2	1	N/A
5 The efficiency of the check-in process	5	4	3	2	1	N/A
6 Waiting time in the reception area	5	4	3	2	1	N/A
7 Waiting time in the exam room	5	4	3	2	1	N/A
8 Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
9 Ease of getting a referral when you needed one.	5	4	3	2	1	N/A

B. OUR STAFF	Excellent	Very Good	Good	Fair	Poor	
1 The courtesy of the person who took your call	5	4	3	2	1	N/A
2 The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3 The caring concern of our nurses/medical assistants.	5	4	3	2	1	N/A



C. OUR COMMUNICATION WITH YOU	Excellent	Very Good	Good	Fair	Poor	
1 Your phone calls answered promptly	5	4	3	2	1	N/A
2 Getting advice or help when needed during office hours	5	4	3	2	1	N/A
3 Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
4 Ability to contact us after hours	5	4	3	2	1	N/A
5 Ability to obtain prescription refills by phone	5	4	3	2	1	N/A

D. YOUR VISIT WITH THE PROVIDER: (Doctor, Physician Assistant, Nurse Practitioner)	Excellent	Very Good	Good	Fair	Poor	
1 Willingness to listen carefully to you	5	4	3	2	1	N/A
2 Taking time to answer your questions	5	4	3	2	1	N/A
3 Amount of time spent with you	5	4	3	2	1	N/A
4 Explaining things in a way you could understand	5	4	3	2	1	N/A
5 Instructions regarding medications/follow-up care	5	4	3	2	1	N/A
6 The thoroughness of the examination	5	4	3	2	1	N/A
7 Advice given to you on the ways to stay healthy	5	4	3	2	1	N/A

E OUR FACILITY	Excellent	Very Good	Good	Fair	Poor	
1 Hours of operation convenient for you	5	4	3	2	1	N/A
2 Overall comfort	5	4	3	2	1	N/A

F. YOUR OVERALL SATISFACTION WITH:	Excellent	Very Good	Good	Fair	Poor	
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1 Our practice	5	4	3	2	1	N/A
2 The quality of your medical care team	5	4	3	2	1	N/A
3 Overall rating of care from your provider or nurse	5	4	3	2	1	N/A

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? YES NO

IF NO, PLEASE TELL US WHY:

IF THERE IS ANY WAY WE CAN IMPROVE YOUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

Patient info: CHILD: BOY / GIRL AGE: _____ New patient or Returning Patient: New/ Returning