How Are We Doing?
Your satisfaction is very important to us. Please help us improve the care and service we deliver by completing this survey based on your experience.

Thank You
Please take a minute to fill out this survey and turn it in to the collection box when you check out.

Please share any positive comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please share any concerns or suggestions:

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Scheduling Your Appointment
Did you have to wait longer than expected to get scheduled?
☐ Yes ☐ No

How easy was it to make an appointment by telephone?
☐ Very easy ☐ ☐ ☐ ☐ ☐ Very difficult

Was the person who scheduled your appointment courteous and helpful?
☐ Very courteous ☐ ☐ ☐ ☐ ☐ Rude

How long did you wait to speak to a scheduling staff member?
☐ 0 to 1 min ☐ 2 to 3 min ☐ 4 to 5 min ☐ 5 to 7 min ☐ Longer

Day of Your Appointment
How would you rate the courtesy of the staff at the reception desk?
☐ Very courteous ☐ ☐ ☐ ☐ ☐ Rude

How long did you wait in reception area beyond your appointment time?
☐ 0 to 5 min ☐ 5 to 20 min ☐ 20 to 40 min ☐ ☐ ☐ ☐ Other ________

How long did you wait in the exam room before the physician appeared?
☐ 0 to 5 min ☐ 5 to 10 min ☐ 10 to 20 min ☐ 20 to 30 min ☐ ☐ ☐ ☐ Other ________

Thank you for your participation.