

Date: _____

Patient Satisfaction Survey

1. Please rate your OVERALL satisfaction with your appointment today

Excellent Very Good Neutral Poor N/A

80%	19%	1%	0%	0%
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Appointments

2. How would you rate the ease of getting through to the office by phone?
3. Please rate your satisfaction with your appointment date & time.
4. Please rate the friendliness & courtesy of the booking staff.

77%	20%	1%	0%	1%
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83%	16%	1%	0%	0%
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88%	11%	0%	0%	0%
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Check In

5. Please rate the friendliness & courtesy of the staff at our check in window.
6. Please rate the satisfaction with the time of your booked appointment until you were seen by your provider.

90%	10%	0%	0%	0%
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73%	20%	6%	1%	0%
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***Our goal is to have you seen within 20 minutes of your scheduled appointment time and finished within 45 minutes.**

Patient care

Excellent Very Good Neutral Poor N/A

7. Please rate the friendliness, courtesy and services provided by our nurses.
8. Please rate the friendliness, courtesy of our Doctor, NP or PA.
9. Please write the name of the provider you saw today: _____
10. Please rate how well the Provider listened to your concerns:
11. Was enough time spent with you?
12. How would you rate the care that you received today?
13. Please rate how promptly our staff returns your calls:
14. How well did we inform you about your health condition and Give you tools/education material for self management at home?
15. How well do you understand your medical condition as a result of your visit today?
16. If you needed a referral to another provider, how well did we help you make the appointment?
17. If you have been referred to a community based program like the Diabetes Prevention Program, how helpful is/was the program?

90%	10%	1%	0%	0%
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88%	11%	1%	0%	0%
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84%	14%	2%	0%	0%
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82%	16%	2%	0%	0%
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84%	14%	2%	0%	0%
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67%	18%	2%	0%	13%
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74%	17%	3%	0%	6%
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72%	20%	2%	0%	6%
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45%	11%	0%	0%	43%
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25%	5%	1%	0%	68%
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Thank you for answering ALL questions...

Turn Over →

Date: _____

Lowville Medical Associates

Thank you for answering ALL questions...

Turn Over →

Date _____

Lowville Medical Associates

Facility

Excellent Very Good Neutral Poor N/A

1. How would you rate the waiting area?

77%	22%	1%	0%	0%
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2. How would you rate the cleanliness of the facility?

84%	16%	0%	0%	0%
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3. Please rate the parking area and exterior of our facility.

42%	30%	19%	8%	0%
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4. What did you like about our office/Providers?

5. What could be done better to improve your satisfaction with our office/Providers?

6. What is your age? _____

7. Would you recommend us to a friend?

100%	Yes	0%	No
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Thank You

Thank You

Thank You