

We would appreciate your comments on your experiences in our center. When you have completed the survey, please click on the Submit by Email button. Thank you!

General Information

1. Which of our centers did you visit today?
2. What time of day did you visit our center? Morning Afternoon Evening
3. Do we participate in your insurance? Yes No
4. Was this the first time you were a patient at our center? Yes No
5. Do you consider this practices' physician to be your regular doctor? Yes No
6. Did you have an appointment for this visit? Yes No
7. Was the date and time you were able to get an appt reasonable to you? Yes No
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Reception/Registration Area

Scale definition: P - Poor ; F - Fair ; G - Good ; VG - Very Good ; E - Excellent

- | | P | F | G | VG | E |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. The courtesy of the registration staff? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The comfort of the reception area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. The cleanliness of the reception area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Length of your wait in the reception area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comment (describe good or bad experience):

Clinical Staff (nursing staff, x-ray technicians, medical assistants)

- | | P | F | G | VG | E |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. The courtesy of the clinical staff? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. The concern the clinical staff showed for your problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Explanation of your testing and/or treatment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comment (describe good or bad experience):
