

## Patient satisfaction Survey:

Dear Patient:

At Geriatrics and Longevity Treatment Spec., we are committed to providing you with the best possible healthcare. We are interested in knowing what you think about our services. You can help us evaluate our performance by completing this brief (5 Minute) survey regarding your visit.

Thank you for taking time to share your experience with us.

Date of appointment: \_\_\_\_\_ Time \_\_\_\_\_

	<b>How satisfied are you with the following?</b>	<b>Extremely dissatisfied</b>	<b>Very Dissatisfied</b>	<b>Satisfied</b>	<b>Very Satisfied</b>	<b>Extremely satisfied</b>
1	If you spoke to the Office by phone, how helpful was the person you spoke with	1	2	3	4	5
2	Ease of making appointments for check ups (Physicals, well visits, routine follow ups)	1	2	3	4	5
3	The ease of making appointments for sickness	1	2	3	4	5
4	The comfort, cleanliness, and amenities of the Office	1	2	3	4	5
5	Wait time in office	1	2	3	4	5
6	Ease of speaking directly with your doctor/NP by phone when you call during office hours	1	2	3	4	5
7	The time it takes someone to respond to an urgent problem	1	2	3	4	5
8	Ease of obtaining follow up information (labs results, refills, care instructions)	1	2	3	4	5
9	Overall medical care in office	1	2	3	4	5
10	Out office convenience (location, parking, hours, office layout)	1	2	3	4	5
11	The way we teach you about improving your health	1	2	3	4	5
12	The way your doctor involves other doctor and caregivers in your care	1	2	3	4	5

<b>How caring would you say the following individuals are?</b>	<b>Extremely uncaring</b>	<b>Very uncaring</b>	<b>Caring</b>	<b>Very Caring</b>	<b>Extremely caring</b>
13. Your doctor?	1	2	3	4	5
14. Our medical staff?	1	2	3	4	5
15. Our office staff?	1	2	3	4	5
	<b>Definitely Not</b>	<b>Probably Not</b>	<b>Not sure</b>	<b>Probably</b>	<b>Definitely</b>
16. Would you recommend your doctor to your family or friends?	1	2	3	4	5

These questions pertain to the patient to whom this survey was addressed:

17. Age in years:  20-29  30-39  40-49  50-59   
 60-69  70-79  89-90  90+

18. Gender:  Male  Female

19. How long have you been a patient of this doctor?

less than 1 year  1-4 years  5-9 years  10 years or more

20. How many times have you visited this doctors office in the past 12 months for medical care?

0  1  2  3  4  5  6 or more

These questions pertain to the responsible party:

21. Name of health care plan \_\_\_\_\_

22. Your level of education:

8<sup>th</sup> grade or less  Some college  
 Some High school  College graduate  
 High school Graduate  Post graduate degree

Comments: