

PATIENT SATISFACTION SURVERY

Please complete the survey below to let us know how we are doing and areas that can be improved.

Please complete form below and bring to the office during your next visit.

Option to be anonymous and win a prize.

Please circle how well you think we are doing in the following areas	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of scheduling:					
Ability to get in to be seen					
Convenient office hours					
Prompt return of phone calls					
Waiting:					
Time in waiting room					
Time in exam room					
Waiting time for procedures					
Clinical Staff:					
<i>Provider:</i>					
Listens to you					
Spends time with you					
Explains what you want to know					
Gives advice and treatment					
<i>Medical Assistants:</i>					
Friendly and helpful to you					
Answers your questions					
Receptionist:					
Friendly and helpful to you					
Answers your questions					
Facility:					
Neat and clean building					
Ease of location					
Comfort and safety while waiting					
Confidentiality:					
Keeping my personal information private					
Likelihood of referring family or friends?					
Do you consider this center as your regular source of care?					

What do you like best about TOP Pain Center? _____

& least? _____

Suggestions for improvement? _____

Thank you for taking the time to complete our survey. We appreciate your feedback!