

**Patient Satisfaction Survey:**  
**Dr. Robinson's Family Medical Clinic**

We want to be sure we are doing everything possible to serve you and your family. So please take a minute to fill out this confidential survey. Just let us know what we can do better at and what we are doing great at! **Thank you!**

Your physician/provider: \_\_\_\_\_

- 1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being not at all satisfied. If an item is not related to your care, choose N/A.**

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time between your call to schedule an appointment and your appointment date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The manners of the person(s) who scheduled your appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of the directions to the office and the time of your appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The professionalism and helpfulness of your reception.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your wait time in the office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The comfort, cleanliness and amenities of the reception area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The extent to which staff respected your privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 2. Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.**

	Poor		Excellent			N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His or her explanation of procedures, diagnoses, or treatment regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her personal manner (courtesy, respect, sensitivity, friendliness).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other staff's personal manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical skills (thoroughness, competence) of the physician/practitioner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How prepared (records and educational materials readily available) the staff and physician/provider were for your visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you have any other feedback, please feel free to write it on the back of this survey. Also, please sign the bottom if you are willing to allow your feedback to be put on our up-and-coming website!**