

**APPENDIX S**  
**SAMPLE PATIENT SATISFACTION SURVEY**

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What is your age? \_\_\_\_\_

How long have you been seeing Dr. \_\_\_\_\_? \_\_\_\_\_

- |   | <b>YES</b>               | <b>NO</b>                | <b>SOMETIMES</b>         |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you feel confident that your doctor is providing you with care based on the latest medical information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When your doctor explains something to you, do you understand what it means for you?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel comfortable asking the doctor if there is something you don't understand?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the doctor understand your problems and feelings?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you feel the treatment is helping you?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the office staff friendly and helpful?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the office hours convenient for you?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the office run efficiently?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the office comfortable?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are your calls handled promptly and courteously?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the billing done correctly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the fee policy explained to your satisfaction?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Is there adequate parking near the office?

  

14. Are you seen promptly when you arrive for an appointment?

  

Please use this space to provide any comments you feel could help us provide you with better care: