



Patient Satisfaction Survey

This survey is anonymous. Complete it on screen or by hand, then return it to any office.

YOUR VISIT

Rate each question from 1 to 5, where 1 is inadequate and 5 is excellent. Choose NA if a question does not apply to your visit.

How easy was it to make an appointment?

1 2 3 4 5 NA

How would you rate our customer service?

1 2 3 4 5 NA

RECEPTION AND WAITING

How would you rate the receptionist?

Making you feel welcomed

1 2 3 4 5 NA

Were they helpful?

1 2 3 4 5 NA

Professionalism

1 2 3 4 5 NA

Respectfulness

1 2 3 4 5 NA

Thoroughness of obtaining all necessary information

1 2 3 4 5 NA

Waiting time

How would you rate the amount of time you waited in the reception area before being taken to the exam room?

1 2 3 4 5 NA



MEDICAL ASSISTANT AND PHYSICIAN

How would you rate the medical assistant who took you back?

Greeted you with a smile

1 2 3 4 5 NA

Professionalism

1 2 3 4 5 NA

Listening to your needs

1 2 3 4 5 NA

Caring

1 2 3 4 5 NA

Courteous

1 2 3 4 5 NA

Maintaining your privacy

1 2 3 4 5 NA

How would you rate your provider?

Which physician did you see today, or were you here for something else?

How would you rate the time the physician spent with you?

1 2 3 4 5 NA

Were you satisfied with the physician's explanation of your health condition or the reason for your visit?

1 2 3 4 5 NA

The facility

Your satisfaction with the overall cleanliness and comfort of the facility

1 2 3 4 5 NA



Would you recommend this practice to your family and friends?

Yes No

IN YOUR OWN WORDS

Thank you for taking the time to give us your honest feedback. We appreciate our patients and their families for entrusting us with the care of your kidney health.

In a few short words, can you tell us what you liked best about today's visit?

Now, can you tell us what you disliked or would change about today's visit?