

How are we doing?

Please take a few minutes to complete our survey on the timeliness and quality of the service you received today. We welcome your feedback and your answers will be kept confidential. Thank you for your participation.

GENERAL PATIENT INFORMATION

How would you rate our concern for your privacy?

Outstanding Good Adequate Needs Improvement Poor

How often have you visited Pediatrics within the past year?

First Visit 2-5 visits More than 6

SCHEDULING YOUR APPOINTMENT

When scheduling your appointment, did you have to wait longer than expected to get your appointment scheduled?

Yes No

How easy was it to make an appointment by telephone?

Very easy Very difficult

How long did you wait to speak to a scheduling staff member?

0-2 minutes 3-5 minutes 5-7minutes More than 7 minutes

Was the person who scheduled your appointment courteous and helpful?

Very Courteous Rude

If you were seeking a referral to a specialist, was your request handled in a timely manner?

Yes No

DAY OF YOUR APPOINTMENT

How would you rate the courtesy of the staff at the reception desk?

Very Courteous Rude

How long did you wait in the reception area beyond your scheduled appointment time?

0-5 minutes 5-20 minutes 20-40 minutes Longer?

How long did you wait in the exam room before the physician appeared?

0-5 minutes 5-20 minutes 20-40 minutes Longer?

NURSING STAFF

How would you rate the competence of the nurse who helped you?

Outstanding Good Adequate Needs Improvement Poor

How would you characterize the concern that the nurse showed for your problem?

Outstanding Good Adequate Needs Improvement Poor

Did the nurse respond to your requests within a reasonable period?

Yes No

THE LAB STAFF

How would you rate the professionalism and competence of the person who worked on your lab exam of your visit (hearing, vision, blood work, immunizations, etc)?

Outstanding Good Adequate Needs Improvement Poor

THE DOCTOR

Were you able to see the doctor of your choice?

Yes No

Did you feel that your doctor spent an adequate amount of time with you?

Yes No

Mark the boxes that characterize the demeanor of your doctor:

Attentive Concerned Friendly Distracted Rushed Inconsiderate

How do you rate the competence of your doctor?

Outstanding Good Adequate Needs Improvement Poor

Did you feel that your doctor's examination was thorough?

Yes No

Please rate the clarity of the doctor's explanation of your condition and treatment options:

Outstanding Good Adequate Needs Improvement Poor

How well did your doctor include you in healthcare decisions?

Outstanding Good Adequate Needs Improvement Poor

Were your questions answered to your satisfaction?

Yes No

Would you recommend this facility and its staff to your family and friends?

Yes No

Name of Practice Pediatrics is considering a secure, interactive website for our patients. How likely would you be to use the following features of a patient website?

Get general information on child development or illness:

Very likely Somewhat likely Somewhat unlikely Not interested

Request prescription refills:

Very likely Somewhat likely Somewhat unlikely Not interested

Print & Fill out forms prior to office visit:

Very likely Some what likely Somewhat unlikely Not interested

Request appointment reminders to be sent to your email address:

Very likely Somewhat likely Somewhat unlikely Not interested

Make payments using a debit/credit card:

Very likely somewhat likely Somewhat unlikely Not interested

What features would you like to see added to the website that would be beneficial to your family?

ADDITIONAL FEEDBACK

Please list any areas in which our service could be improved:

Please share any additional comments:

PERSONAL INFORMATION

Providing the following information is optional.

 FIRST NAME LAST NAME E-MAIL DDRESS

 ADDRESS CITY STATE ZIP

 PHONE

Would you like someone to contact you regarding your responses on this survey?

Yes No

Thank you for taking the time to complete our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.