

PATIENT SATISFACTION SURVEY

Today's Date: _____

	Bad			Good	
Length of time waiting before seeing a clinic staff member	1	2	3	4	5
How courteous and respectful was the staff?	1	2	3	4	5
How comfortable did you feel about asking questions?	1	2	3	4	5
Answers by staff were in a way that you understood?	1	2	3	4	5
Time the staff took to answer my questions	1	2	3	4	5
Education about health issues	1	2	3	4	5
Cost of visit	1	2	3	4	5
Quality of care	1	2	3	4	5
Cleanliness of exam rooms	1	2	3	4	5
Overall visit experience	1	2	3	4	5

How can we improve our services? _____

Will you use our services again? YES NO (please explain)

Have you seen any of our Public Service Announcements? Yes No

How did you hear about our services? Social Media (Facebook, etc) Pamphlets
 Billboards Posters Events/Presentations Radio, TV, Newspaper

Additional Comments: _____

Your answers will be kept confidential, unless you choose to share your name.

Signature _____

