

HOSPITAL / MEDICAL PRACTICE  
PATIENT SURVEY



12345-67890

Dear firstname lastname please help us to improve the standard of our practice by participating in our patient survey.  
Reference - patientID

IMPORTANT INFORMATION:

Please use blue or black pen to scribble in the checkbox that appropriately describes your experience with us today. .

9. My provider clearly explained my diagnosis and plan for treatment.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

10. I had confidence in and trusted the provider who treated me.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

11. My provider was courteous.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

12. Overall, I feel satisfied with the care I received from my provider.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

13. The person with whom I spoke about my appointment was courteous.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

14. The front office staff treated me courteously.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

15. I was treated with respect and dignity by the examination room staff.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

16. The staff were responsive to my concerns.

- A Strongly Agree
- B Agree
- C Neither Agree nor Disagree
- D Disagree
- E Strongly Disagree
- F N / A

