

HOSPITAL / MEDICAL PRACTICE
PATIENT SURVEY



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. .

17. The staff were sensitive to my privacy.

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

18. The staff were responsive to the needs of my family.

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

19. The appearance and neatness of staff was excellent.

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

20. The appearance and neatness of the practice was excellent.

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

21. The reception area was comfortable.

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

22. Waiting time in the reception area was appropriate.

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

23. Any delays were explained to my satisfaction.

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

24. I would recommend this practice to family and friends.

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

