

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. .

25. Your practice will be my first choice if I need your speciality care in the future.

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

26. My wait in the examining room was appropriate.

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

27. The appearance and neatness of the examination room was excellent.

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

28. The check-out process was a pleasant experience.

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

29. Overall my experience was pleasant.

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

30. Please share one thing you would change to make your experience more pleasant.

31. Please share the best thing about your visit.

32. Please name a staff member who was especially helpful.

33. Please share any additional comments. If you would like to be contacted to share your experience please include your contact details.

