

Date _____

QUALITY ASSURANCE SURVEY

We wish to thank you for your recent visit to our facility. In an effort to better care for you and your family, we ask that you please take a minute or two to fill out this survey. By doing so we will better understand the areas in which we need to improve. If a question is not applicable, please leave the answer blank.

Thank you for your participation!

Please rate your experience in the following areas; circle your response.

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
<u>PHONE REGISTRATION</u>					
1. Ease of getting through to a receptionist.....	1	2	3	4	5
2. Promptness of receptionist in answering your call.....	1	2	3	4	5
3. Courtesy of staff on phone.....	1	2	3	4	5
4. Ease of obtaining an appointment.....	1	2	3	4	5
<u>IN OFFICE REGISTRATION</u>					
1. Waiting time to register.....	1	2	3	4	5
2. Helpfulness of person at registration desk.....	1	2	3	4	5
3. Waiting time for appointment.....	1	2	3	4	5
4. Ease of rescheduling.....	1	2	3	4	5
<u>NURSE / AIDE ENCOUNTER</u>					
1. Friendliness of Nurse / Aide.....	1	2	3	4	5
2. Helpfulness in answering questions.....	1	2	3	4	5
3. Concern with comfort.....	1	2	3	4	5
4. Promptness in returning calls (when necessary).....	1	2	3	4	5
<u>HEALTHCARE PROVIDER ENCOUNTER</u>					
1. Explanation of diagnosis and treatment plan.....	1	2	3	4	5
2. Helpfulness in answering questions.....	1	2	3	4	5
3. Promptness in returning calls.....	1	2	3	4	5
4. Demonstrated concern for patient.....	1	2	3	4	5
<u>SITE SPECIFICS</u>					
1. Convenience of location.....	1	2	3	4	5
2. Hours of operation.....	1	2	3	4	5
3. Comfort of waiting room.....	1	2	3	4	5
4. Cleanliness of office.....	1	2	3	4	5
<u>BUSINESS OFFICE</u>					
1. Courtesy of Billing personnel.....	1	2	3	4	5
2. Helpfulness in answering questions.....	1	2	3	4	5
3. Promptness in solving problems.....	1	2	3	4	5
4. Clarity of bills.....	1	2	3	4	5

GENERAL COMMENTS

Please add any additional comments you would like to share with us.