

PATIENT SATISFACTION SURVEY FOR A SPECIALIST OR COMMUNITY RESOURCE

**NAME OF SPECIALIST/COMMUNITY RESOURCE:
\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROXIMATE DATE OF VISIT: \_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Neither**  |  |  |
| **Very** | **Somewhat** | **Satisfied or** | **Somewhat** | **Very** |
| **Satisfied** | **Satisfied** | **Dissatisfied** | **Dissatisfied** | **Dissatisfied** |
| **(5)** | **(4)** | **(3)** | **(2)** | **(1)** |
|  |  |  |  |  |

1. Overall Rating of Satisfaction with your visit: 5 4 3 2 1 n/a

1. Ease of Appointment 5 4 3 2 1 n/a

1. Courteous Staff: Front Desk 5 4 3 2 1 n/a

 Nursing Staff 5 4 3 2 1 n/a

1. Bedside Manner of Provider 5 4 3 2 1 n/a
2. Provider spent time with me 5 4 3 2 1 n/a
3. Follow up after visit if applicable 5 4 3 2 1 n/a
4. My questions were answered during the visit 5 4 3 2 1 n/a
5. I would recommend this specialist/community resource. Agree Disagree