

# Customer Satisfaction Survey

Patient Information				
Name Juliet Shekyes			Date of Visit Dec 1, 2023	
Service or Treatment Received Annual physical check up				
Survey Questions				
1. How satisfied were you with your overall experience at our healthcare practice?				
<input type="checkbox"/> Very Satisfied	<input checked="" type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied
2. How would you rate the quality of care you received?				
<input checked="" type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied
3. How satisfied were you with the interactions you had with our staff (including doctors, nurses, and administrative staff)?				
<input checked="" type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied
4. How do you feel about the wait time for your appointment?				
<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied
5. How well did our staff explain your treatment and answer your questions?				
<input type="checkbox"/> Very Satisfied	<input checked="" type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied
6. How would you rate the cleanliness and comfort of our facility?				
<input type="checkbox"/> Very Satisfied	<input checked="" type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Very Dissatisfied

**7. How likely are you to recommend our practice to family and friends?**

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

**8. Do you have any other comments, questions, or concerns?**

The staff was friendly and professional. However, the wait time was longer than expected, and it seemed like the clinic was understaffed. The waiting area is also a bit cramped, especially with some folks bringing family members along.

**Specific Staff Feedback**

**Are there staff members you would like to mention for their exceptional or poor service?**

**Staff Name:** Dr. Erica Court

**Comments:**

Dr. Court was very attentive and thorough during my examination. She made me feel comfortable and answered all my questions.

**Staff Name:** Nurse Mike M. Ecole

**Comments:**

He was very kind and efficient in his work, but he seemed like he was juggling many patients.

**Staff Name:** \_\_\_\_\_

**Comments:**

**Additional Services or Improvements**

**Are there any services or improvements you would like to see in our practice?**

It would be great if the clinic could perhaps hire more staff to reduce waiting times. An online check-in system might also help? Also maybe limit visitor companions?

Thank you for taking the time to complete our survey!

Your feedback is invaluable in helping us improve our services and patient care.