

# Customer Satisfaction Survey

<b>Patient Information</b>				
Name			Date of Visit	
Service or Treatment Received				
<b>Survey Questions</b>				
1. How satisfied were you with your overall experience at our healthcare practice?				
<input type="checkbox"/> Very Satisfied	<input 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 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 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 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 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 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?**

**Specific Staff Feedback**

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

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

**Comments:**

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

**Comments:**

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

**Comments:**

**Additional Services or Improvements**

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

Thank you for taking the time to complete our survey!

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