

Healthcare Survey

Patient Information

Name: _____

Age: _____ Gender: _____ Date of Birth: _____

Height: _____ Weight: _____

Ethnicity: _____ Primary Language Spoken: _____

Education Level: _____ Healthcare Provider: _____

Healthcare Survey - Quality of Care

- How easy was it to schedule your appointment?
☐ Very easy ☐ Somewhat easy ☐ Neutral ☐ Somewhat difficult ☐ Very difficult
- Did your healthcare provider listen carefully to you?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all
- How would you rate the quality of care you received from your healthcare provider?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor
- How satisfied are you with the care provided by your healthcare provider?
☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
- Did your healthcare provider explain your medical condition and treatment plan in a way you could understand?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all

Healthcare Survey - Facility and Staff

- How would you rate the cleanliness of the facility?
☐ Very clean ☐ Somewhat clean ☐ Neutral ☐ Somewhat unclean ☐ Very unclean
- Did the staff treat you with courtesy and respect?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all
- Were you seen in a timely manner?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all
- Was your medical history and personal information kept confidential?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all
- Did the facility provide adequate resources and accommodations for your needs?
☐ Yes, definitely ☐ Yes, somewhat ☐ No, not really ☐ No, not at all

Healthcare Survey - Facility and Staff

- How satisfied are you with the overall experience at the healthcare facility?
☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
- How likely are you to recommend this healthcare facility to others?
☐ Very likely ☐ Somewhat likely ☐ Neutral ☐ Somewhat unlikely ☐ Very unlikely
- Did you experience any issues or concerns during your visit?
☐ Yes ☐ No

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Healthcare Survey - Follow-Up

14. Were you provided with clear instructions for follow-up care?

☐ Yes

☐ No

15. Did you have any issues or concerns after your visit?

☐ Yes

☐ No

16. Would you like to receive a follow-up call or message from the healthcare facility?

☐ Yes

☐ No

Comments
