Patient Satisfaction Survey

Patient Information:	
Name:	Healthcare Provider:
Date of Birth:	Date of Visit:

Quality of Care

1. How would you rate the quality of care you received during your visit?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

2. How satisfied were you with the explanation of your diagnosis and treatment plan?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

3. How would you rate the friendliness and compassion of your healthcare provider?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

4. How confident do you feel about following your treatment plan?

☐ Very Confident ☐ Confident ☐ Neutral ☐ Not confident ☐ Not at all confident

Facility

5. How would you rate the overall cleanliness and comfort of the facility?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

6. How would you rate the availability and convenience of appointment scheduling?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

7. Was the wait time for your appointment reasonable?

☐ Yes ☐ No ☐ Not Sure

Communication

8. How would you rate the communication and professionalism of your healthcare provider?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

9. Were your questions and concerns addressed during your visit?

☐ Yes ☐ No ☐ Not Sure

10. Were you satisfied with the amount of time you spent with your healthcare provider during your visit?

☐ Yes ☐ No ☐ Not Sure

Cost

11. Was the overall cost of your visit reasonable?

☐ Yes ☐ No ☐ Not Sure

12. Were you satisfied with the payment options available?

☐ Yes   ☐ No   ☐ Not Sure

Overall

13. How likely are you to recommend this healthcare provider to others?

☐ Very Likely   ☐ Likely   ☐ Neutral   ☐ Unlikely   ☐ Very Unlikely

Comments

Any additional comments?