

Patient Satisfaction Survey

Name: _____ Date of birth: _____

Healthcare provider: _____ 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

Additional notes