

# Patient Survey

## Provider Information:

Name of Healthcare Provider/Facility:

Contact Information:

## Survey Introduction:

Dear Patient,

We value your feedback and aim to enhance our services. Kindly take a few minutes to complete this survey to help us better understand your experience and improve your care.

## Section 1: Appointment Experience

1. How satisfied were you with the ease of scheduling your appointment?

<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Very Unsatisfied
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2. Did the receptionist/booking process provide clear information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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## Section 2: Care Quality

3. Rate your interaction with the healthcare provider (e.g., doctor, nurse):

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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4. Were your medical concerns addressed to your satisfaction?

<input type="checkbox"/> Completely	<input type="checkbox"/> Mostly	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all
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### Section 3: Facility and Environment

5. Rate the cleanliness and comfort of the facility:

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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6. Were waiting times reasonable?

<input type="checkbox"/> Very Reasonable	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unreasonable	<input type="checkbox"/> Very unreasonable
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### Section 4: Overall Satisfaction

7. How satisfied are you with the care you received overall?

<input type="checkbox"/> Very Satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Very Unsatisfied
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### Section 5: Additional Comments

8. Please provide any comments or suggestions for improvement:

#### Survey Completion:

Thank you for your valuable feedback. Your insights contribute to our continuous improvement efforts.

#### Contact Information:

If you have any further questions or concerns, please get in touch with us at:

#### Confidentiality Note:

Your responses are confidential and will be used solely for improving patient experiences.