



Patient Satisfaction Survey

CONFIDENTIAL

Please let us know how we are doing!

CONFIDENTIAL

1. How did you hear of Ampla Health?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Phone Book | <input type="checkbox"/> Flyers | <input type="checkbox"/> Health Fairs |
| <input type="checkbox"/> Website | <input type="checkbox"/> Referral | <input type="checkbox"/> Other _____ |

2. How long did it take to schedule an appointment?

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 2-3 weeks | <input type="checkbox"/> More than 4 weeks |
|------------------------------------|------------------------------------|--|

3. Did you find the office location convenient?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. How long did you wait to be assisted by the receptionist?

- | | |
|--|--|
| <input type="checkbox"/> Reasonable wait | <input type="checkbox"/> Unreasonable wait |
|--|--|

5. How long did you wait in the waiting area before roomed for your appointment?

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> 0-30 min | <input type="checkbox"/> 30-45 min | <input type="checkbox"/> More than 45 min |
|-----------------------------------|------------------------------------|---|

6. How long did you wait in the exam room for your provider?

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> 0-30 min | <input type="checkbox"/> 30-45 min | <input type="checkbox"/> More than 45 min |
|-----------------------------------|------------------------------------|---|

7. Quality of staff service:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

8. Cleanliness of office:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

9. Explanation of treatment and procedures:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

10. Quality of care:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

11. Overall rating of office:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

12. Will you come back?

- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Undecided |
|------------------------------|-----------------------------|------------------------------------|

13. How would you rate the care given to you by the healthcare provider?

- | | | | |
|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|

Additional Comments:
