

COMMENT & SUGGESTIONS

This information will assist us in identifying problem areas in order to provide a better service for our patient-clients

Please rate (circle) the following on the 1 – 10 rating scale (1 = worst, 5 = average, 10 = best)

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 1. Appointment waiting time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Professionalism of front office staff members. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Professionalism of clinical/medical team. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Education, explanation, review, discussion of your diagnosis or problem. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. How easy was it for you to use our telephone system? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. How easy was it for you to schedule an appointment? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. How do you like our website? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Other: _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Other: _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Other: _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

We welcome any further *comments, concerns, or compliments*. Thank you for your time!

**When was the approximate date that the named "event" occurred? Date ____ / ____ / ____

Printed Name (optional): _____

Today's Date: ____ / ____ / ____

PLEASE PLACE IN COMMENT BOX AT CHECK OUT COUNTER