

Peace Valley Internal Medicine, P.C.

PATIENT SATISFACTION SURVEY

Please take a moment to help us improve your experience at Peace Valley Internal Medicine. Circle your responses that best describe your experience. When you are done, please drop the questionnaire off at checkout.

AGE RANGE: 18 – 30 30 – 50 50 – 65 65+ GENDER: Male Female

STATUS: Established Patient New Patient

Which Provider did you see today? _____

| ACCESS | VERY POOR | POOR | FAIR | GOOD | VERY GOOD |
|--------|-----------|------|------|------|-----------|
|--------|-----------|------|------|------|-----------|

| | | | | | |
|--|---|---|---|---|---|
| Ease of making appointment for checkups (physical exams, well visits, routine follow-up appointments.) | 1 | 2 | 3 | 4 | 5 |
| East of making sick/urgent appointments | 1 | 2 | 3 | 4 | 5 |
| How is our timeliness in returning your phone call? | 1 | 2 | 3 | 4 | 5 |

| COMMUNICATION | VERY POOR | POOR | FAIR | GOOD | VERY GOOD |
|---------------|-----------|------|------|------|-----------|
|---------------|-----------|------|------|------|-----------|

| | | | | | |
|---|---|---|---|---|---|
| How would you rate the service you received from the Front Desk staff? | 1 | 2 | 3 | 4 | 5 |
| Friendliness and helpfulness of the nurse | 1 | 2 | 3 | 4 | 5 |
| Friendliness and helpfulness of the doctor/practitioner | 1 | 2 | 3 | 4 | 5 |
| Did your doctor/practitioner explain things in a way that was easy to understand? | 1 | 2 | 3 | 4 | 5 |
| How well did your doctor/ practitioner answer your questions? | 1 | 2 | 3 | 4 | 5 |

| CARE COORDINATION | VERY POOR | POOR | FAIR | GOOD | VERY GOOD |
|-------------------|-----------|------|------|------|-----------|
|-------------------|-----------|------|------|------|-----------|

| | | | | | |
|--|---|---|---|---|---|
| Did your doctor/practitioner seem to know the important Information about your medical history? | 1 | 2 | 3 | 4 | 5 |
| Did your doctor/practitioner seem informed and up to date about the care you received from other care providers? | 1 | 2 | 3 | 4 | 5 |

| WHOLE PERSON ORIENTATION | VERY POOR | POOR | FAIR | GOOD | VERY GOOD |
|--------------------------|-----------|------|------|------|-----------|
|--------------------------|-----------|------|------|------|-----------|

| | | | | | |
|--|---|---|---|---|---|
| Information the doctor/practitioner gave you, about healthy habits (i.e. exercise, eating healthy, etc.) | 1 | 2 | 3 | 4 | 5 |
| Doctor/practitioner's effort to include you in decisions about your treatment. | 1 | 2 | 3 | 4 | 5 |

| OVERALL | VERY POOR | POOR | FAIR | GOOD | VERY GOOD |
|---------|-----------|------|------|------|-----------|
|---------|-----------|------|------|------|-----------|

| | | | | | |
|---|---|---|---|---|---|
| How well did the staff work together to care for you? | 1 | 2 | 3 | 4 | 5 |
| Likelihood of you recommending our practice to others | 1 | 2 | 3 | 4 | 5 |
| Overall, how satisfied were you with this visit? | 1 | 2 | 3 | 4 | 5 |

Do you have any suggestions on how we can improve our services?

Name: _____ (optional) Date of visit: _____