



Patient Experience Survey

Dear Patient,

As we strive to achieve excellence on a daily basis in delivering the highest level of quality and compassion, it is our goal that every patient experience only our best. Please let us know how we're doing and how we can improve. We appreciate your feedback and comments!

Patient Name: _____ **Date of Most Recent Visit:** _____

On a scale of 5 to 1, with 5 meaning "Strongly Agree" and 1 meaning "Strongly Disagree," please rate the following areas:

1. I had an easy time getting through to the office by phone. _____
2. When I called the office, my call was handled promptly and courteously. _____
3. My appointment was made within a reasonable time frame. _____
4. The receptionist was friendly and helpful. _____
5. The reception area was clean and comfortable. _____
6. The length of time I waited in the reception area was reasonable. _____
7. The nursing staff was friendly and courteous. _____
8. I was adequately informed if/when Dr. Mestemacher was delayed. _____
9. The length of time I waited in the exam room was reasonable. _____
10. I was allowed adequate time with Dr. Mestemacher. _____
11. I felt comfortable making comments and asking questions of Dr. Mestemacher. _____
12. All of my questions/concerns were addressed appropriately. _____
13. Dr. Mestemacher explained things in a way I could understand. _____
14. I was given appropriate explanations for any tests performed. _____
15. I would recommend Dr. Mestemacher to my friends and family. _____
16. I am pleased with the overall quality of care I received. _____

How can we improve the services and care that we provided? _____

Additional Comments: _____