Patient Satisfaction Survey

Patient Information:	West control of the c	
Name: Dahlia Curtis-Smith	Healthcare Provider: Dr. John Doe	
Date of Birth: 01/01/1990	Date of Visit: 05/01/2023	

		Quality of Care		
1. How would you rate the	quality of care you received	during your visit?		
Excellent	Good	Fair	Poor	Very Poor
2. How satisfied were you	with the explanation of your	diagnosis and treatment	plan?	
✓ Very Satisfied	Satisfied	Neutral	Dissatisfied	☐ Very Dissatisfied
3. How would you rate the	friendliness and compassio	n of your healthcare prov	ider?	
 Excellent 	Good	Fair	Poor	Wery Poor
4. How confident do you fe	el about following your trea	tment plan?		
✓ Very Confident	Confident	Neutral	Not confident	Not at all confident
		Facility		
5. How would you rate the	overall cleanliness and con	nfort of the facility?		
Excellent	Good	Fair	Poor	Very Poor
6. How would you rate the	availability and convenience	e of appointment schedul	ing?	
Wery Satisfied	✓ Satisfied	Neutral	Dissatisfied	Very Dissatisfied
7. Was the wait time for yo	ur appointment reasonable	?		
✓ Yes	■ No	Not Sure		
		Communication		
B. How would you rate the	communication and profess	sionalism of your healthca	sre provider?	
Excellent	Good	Fair	Poor	Very Poor
9. Were your questions an	d concerns addressed durin	g your visit?		
✓ Yes	No.	Not Sure		
10. Were you satisfied with	the amount of time you sp	ent with your healthcare p	provider during your visit	?
✓ Yes	□ No	Not Sure		
		Cost		
11. Was the overall cost of	f your visit reasonable?			
- Yes	No.	Not Sure		

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Sample Question On Health Care:

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