

Patient Satisfaction Survey

Patient Information:	
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 compassion of your healthcare provider?

☒ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

4. How confident do you feel about following your treatment plan?

☒ Very Confident ☐ Confident ☐ Neutral ☐ Not confident ☐ Not at all confident

Facility

5. How would you rate the overall cleanliness and comfort of the facility?

☐ Excellent ☒ Good ☐ Fair ☐ Poor ☐ Very Poor

6. How would you rate the availability and convenience of appointment scheduling?

☐ Very Satisfied ☒ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

7. Was the wait time for your appointment reasonable?

☒ Yes ☐ No ☐ Not Sure

Communication

8. How would you rate the communication and professionalism of your healthcare provider?

☒ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

9. Were your questions and concerns addressed during your visit?

☒ Yes ☐ No ☐ Not Sure

10. Were you satisfied with the amount of time you spent with your healthcare provider during your visit?

☒ Yes ☐ No ☐ Not Sure

Cost

11. Was the overall cost of your visit reasonable?

☒ Yes ☐ No ☐ Not Sure

Sample Question On Health Care

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Sample Question On Health Care:

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