

**Women's Health Advantage
Also Available Online
Patient Survey**

Dear Patient: We would like to know how you feel about our practice. Your comments are very important to us, and will help us evaluate our operations to ensure we are truly being responsive to your needs.

Physician's Name _____ **Date:** _____

1. How would you rate your satisfaction with getting through to the office by phone?
Excellent Very Good Good Fair Poor
2. How would you rate your satisfaction with our ability to return your call in a timely manner?
Excellent Very Good Good Fair Poor
3. How would you rate your satisfaction with the length of time you waited to get your appointment today?
Excellent Very Good Good Fair Poor
4. How would you rate your satisfaction on the efficiency of the check in process?
Excellent Very Good Good Fair Poor
5. How would you rate your satisfaction on our ability of keeping you informed if your appointment time was delayed?
Excellent Very Good Good Fair Poor
6. How would you rate your satisfaction on the promptness of being called back to the exam room?
Excellent Very Good Good Fair Poor
7. How would you rate your satisfaction with the overall time spent waiting in the exam room?
Excellent Very Good Good Fair Poor
8. Did you see the clinician, or team member, that you wanted to see today?
Yes No Did not matter who I saw today
9. How would you rate your satisfaction with the personal manner of the provider you saw?
Excellent Very Good Good Fair Poor
10. Do you feel that our formation of the small care teams will provide a greater level of service?
Yes No