

**This office is a member of
COMMUNITY PHYSICIAN NETWORK
2900 Lemay Ferry – Suite 216
St. Louis, Missouri 63125**

PATIENT SATISFACTION SURVEY

**IF YOU RECEIVED CARE FROM THIS PHYSICIAN IN THE PAST TWELVE MONTHS,
PLEASE CIRCLE YOUR ANSWERS TO THE FOLLOWING QUESTIONS AND
RETURN THE FORM TO THE PERSON AT THE DESK.
(IT IS NOT NECESSARY TO RESPOND TO THE SURVEY
IF THIS IS YOUR FIRST VISIT TO THIS PHYSICIAN.)**

1. Have you been able to schedule routine appointments that were convenient for you with your doctor and/or health care provider?

never sometimes usually always
2. How many days did you usually have to wait between making an appointment for routine care and actually seeing a doctor and/or health care provider?

1-7 days 8-14 days 15-30 days
3. How often did you wait more than 15 minutes in the waiting room past your appointment time to see your doctor and/or health care provider?

never sometimes usually always
4. Did the staff at your doctor's or health care provider's office treat you with courtesy and respect?

never sometimes usually always
5. Did your doctor and/or health care provider spend enough time explaining your illness, medications, and treatment in a way that you could understand?

never sometimes usually always
6. If you called your doctor and/or health care provider's exchange in the past twelve months, were you satisfied with the response time?

never sometimes usually always

CONFIDENTIAL SURVEY – PLEASE DO NOT SIGN YOUR NAME!

7. Was the staff of your doctor and/or health care provider helpful in scheduling ordered tests or treatments?

yes no

8. Does your doctor, health care provider, and/or their staff routinely discuss with you appropriate preventive care (i.e., nutrition and/or exercise programs)?

yes no

9. How often has your doctor and/or health care provider discussed the health risks of smoking and/or alcohol use?

never sometimes usually always

10. Does your doctor and/or health care provider recommend preventive health exams such as prostate screening, mammograms, cholesterol level, etc.?

____yes ____no ____not applicable

11. On a scale of one to ten (with ten being the best), please rate your doctor and/or health care provider:

___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10

12. OPTIONAL: ____male ____female ____year of birth

overall health: ____good ____bad ____fair

13. ADDITIONAL COMMENTS:

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