

# PATIENT SATISFACTION SURVEY

Thank you for choosing our practice for your eye care needs. Your satisfaction with the services we provide is important to us. Please take a moment to complete this short survey and let us know how we might further enhance your experience.

## ABOUT OUR SERVICES

- |  |                                    |                                    |                               |                               |                               |
|--|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Convenience of our office hours                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Ease of making your appointment                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. Comfort and cleanliness of our office           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 4. Thoroughness of the care received               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 5. Clarity of explanations of procedures           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 6. Clarity of explanations of treatment            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 7. Willingness of staff to listen to your concerns | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 8. Friendliness of our staff                       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 9. Length of time your waited to be seen           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 10. Overall Satisfaction with your visit           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

## ABOUT YOUR EYEWEAR

- |  |                                    |                                    |                               |                               |                               |
|--|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Knowledge/assistance of the staff       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 2. Choice of frame styles available to you | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| 3. Explanation of costs/insurance coverage | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

## ABOUT YOU

How many years have you been a patient of our practice?

1<sup>st</sup> visit    1-3 years    4-6 years    7-10 years    11-20+ years

Are you male or female?    Male    Female

What is your age?

Under 18    18-24    25-34    35-44    45-54    55-64    65-74    75+

Do you have any additional comments about your visit or our staff? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you!