Your comments will be appreciated, either here or in a separate envelope.

Thank you for your help.

Please return your completed questionnaire in the enclosed envelope to:
Patient Satisfaction Research Center
PO Box 75688
Seattle, WA 98125
In order to provide you with the best dental services possible, we want to know how well we are doing now and what we might do better from your point of view. Please take a couple of minutes to provide us with important information to assist us in our effort to better serve you.

**Q1** How likely are you to recommend this dentist/dental office to your family and friends?

1 MOST LIKELY  
2 SOMewhat LIKELY  
3 SOMewhat UNLIKELY  
4 MOST UNLIKELY

**Q2** How likely are you to return to this dentist?

1 MOST LIKELY  
2 SOMewhat LIKELY  
3 SOMewhat UNLIKELY  
4 MOST UNLIKELY

Please indicate how satisfied you are with the following aspects of our service using the scale below:

VS ---- VERY SATISFIED  
S ---- SATISFIED  
DS ---- DISSATISFIED  
VD ---- VERY DISSATISFIED  
NA ---- NOT APPLICABLE

**Q3** General appearance of the dental office ............VS  
**Q4** Overall performance of the dentist .................VS

**Q5** Overall performance of the hygienist ..........VS  
**Q6** Overall performance of the front office staff ......VS  
**Q7** Ease of scheduling appointments ......................VS  
**Q8** Ease of scheduling emergency appointments ......VS  
**Q9** Ability to help with any special needs you might have (disabilities, medications, etc.) ........VS  
**Q10** The way the office handled billing ...............VS  
**Q11** Amount of time dentist spent with you ...........VS  
**Q12** Explanations provided by the dentist ...............VS  
**Q13** Convenience of the office’s hours ...................VS  
**Q14** Convenience of the office location ..................VS  
**Q15** Parking arrangement provided by the office ......VS  
**Q16** Level of pain you experienced during the visit:

1 VERY HIGH  
2 HIGH  
3 NONE  
4 LOW  
5 VERY LOW

**Q17** What is your present age?

1 UNDER 26 YEARS  
2 26-35 YEARS  
3 36-45 YEARS  
4 46-55 YEARS  
5 56-65 YEARS  
6 OVER 65 YEARS