

Patient Satisfaction Survey

In order to find out how we are meeting your needs, we are asking our patients a few questions about the care they have received. Please be honest in your answers. Your comments will be held in strict confidence and you do not have to sign your name unless you want to. We plan to use your suggestions to make our service to you and your family even better. Thank you for your comments.

Please complete items 1 - 4 to describe yourself:

1. Age 18-25 26-40 41-55 over 55
2. Gender Male Female
3. The number of visits I have made to the office in the past year is:
 1 2 3 4 5 or more
4. My treatment or My child's treatment was:
 completed not completed

The list below includes statements about the care you received at our office.

Please place a check mark under the column to indicate whether you agree, disagree or are not sure about each one. Please explain the ones you disagree with next to "Comments."

Appointments

Agree Unsure Disagree

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> It was easy to make my first appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The appointment secretary (coordinator) was polite and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I received a reminder of each of my appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> It was easy to schedule a convenient appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Appointment options were given that suited my schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I was seen on time for my appointments; if not, I was given a reason for the delay. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Facilities

Agree Unsure Disagree

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> The office location and parking were convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The reception area was neat and clean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The equipment was clean and presentable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The temperature in the office was comfortable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The lighting in the office was sufficient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> The music in the office was pleasant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Patient Satisfaction Survey (continued)

Staff

Agree Unsure Disagree

- The dentist was professional and courteous.
- The dental hygienist was professional and courteous.
- The dental assistant was professional and courteous.
- The dentist was considerate and sensitive to my needs.
- The dental hygienist was considerate and sensitive to my needs.
- The dental assistant was considerate and sensitive to my needs.
- Other office personnel were courteous and helpful.

Comments: _____

Treatment

Agree Unsure Disagree

- My proposed dental treatment was clearly explained.
- Any questions I had were answered.
- I was given treatment alternatives
- My dental treatment was completed efficiently and in a timely manner.
- I was pleased with the quality of my dental treatment.
- The dental treatment was completed to my satisfaction.
- The fees were explained prior to my treatment appointment.
- The fees for service were fair.
- I plan to remain a patient at this office.

Comments: _____

Additional Comments

What I liked best about the office was: _____

What I liked least about the office was: _____

In what way(s) could we have made your experience better?

Name (optional) _____