

PATIENT SATISFACTION SURVEY

Please take a moment to complete the survey below to allow us to resolve any issues and to improve on our overall patient experience at Children First. Thank you for your time and feedback. Please use the following scale when circling your answers:

		Very Satisfied (5)	Somewhat Satisfied (4)	Neither Satisfied or Dissatisfied (3)	Somewhat Dissatisfied (2)	Very Dissatisf (1)	ied
1.	Overall Rating of Satisfaction with your visit:			5	4	3 2	1
2.	Ease of Appointm	ent		5	4	3 2	1
3.	Courteous Staff :	Front Desk		5	4	3 2	1
		Nursing Staff		5	4	3 2	1
4.	Bedside Manner o	of Provider		5	4	3 2	1
5.	Provider spent tin	ne with me		5	4	3 2	1
6.	Wait time in waiti	ng room		5	4	3 2	1
7.	Wait time in room	n before provi	der arrived	5	4	3 2	1
8.	Wait time for nurs	se after provic	ler	5	4	3 2	1
9.	Follow up after vis	sit if applicable	е	5	4	3 2	1
10	. My questions wer	re answered d	uring the visit	5	4	3 2	1
11	. I would recomme	nd this practic	e to my friend	ds/family	Agree	D	isagree

- 12. As we have already offered evening classes including sleep and nutrition, what other class topics would you like to see covered?
- 13. Now that we have coordinated with a psychologist to see patients thru their practice in our office location, what other specialties/providers would you like to see have office hours using our location?