

## 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<br>Satisfied<br>(5) | Somewhat<br>Satisfied<br>(4) | Neither<br>Satisfied or<br>Dissatisfied<br>(3) | Somewhat<br>Dissatisfied<br>(2) | Very<br>Dissatisf<br>(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?