



Patient Survey – Willimantic Location

Date:

Dear patient,

Please take a moment to complete our survey, check all options that apply and return it to the receptionist. Or you may ask for an envelope and mail it back to us.

What town are you from?

Did your primary doctor refer you to us?

Yes No

If yes who is your PCP?

If no, how did you hear about us?

1. Did you find calling our office was helpful?

- There was a busy signal
- The phone was answered promptly
- No I was put on hold
- There was a long wait before answering

2. The person that answered the phone...

- Was professional, yet pleasant and helpful
- Seemed rushed
- Was rude
- Did not know what to do
- Identified themselves by first name

3. Appointment scheduling:

- I was able to make an appointment quickly and easily.
- I was able to make an appointment at a convenient time.
- I had to wait too long to get an appointment.
- I was forced to accept an inconvenient time.

4. The reception room was:

- Comfortable and inviting
- Crowded
- Too noisy
- Messy and not clean

5. About the waiting time:

- I was seen on time
- I had to wait a "reasonable" length on time
- I had to wait too long
- I was late arriving for my appointment

6. Which of our physicians did you see today? Michael Karla

- Was professional, yet pleasant and helpful
- Was gentle, thorough and seemed genuinely concerned
- Seemed rushed
- Made eye contact when they spoke to me

7. My appointment:

- The doctor took time to listen and answer my questions
- I wanted to ask questions, but felt rushed
- Explained the treatment plan in terms I could understand
- I didn't understand what was said and was reluctant to ask
- I left feeling confused

8. Office Staff:

- Staff was able to answer additional questions I have competently
- I would feel comfortable calling the office with additional questions or concerns
- I felt the staff was professional and friendly
- I was not impressed with the level of care from the office staff

Overall, how do you rate the physician practice and staff? 1 2 3 4 5 6 7 8 9 10 (Please circle)

Is there one thing particularly you like about our practice?

What would you like to see us improve on or change?

Would you recommend us to your family and friends?

Additional comments or concerns?