

SATISFACTION QUESTIONNAIRE

Patient Name _____

Date _____

Please read carefully:

Here are some questions about your health care provider visit(s). In terms of your satisfaction, how would you rate each of the following? Mark only one answer to each question.

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	THE BEST
1. The amount of privacy you were given							
2. Interest shown in you as a person							
3. Friendliness, warmth, and personal manner of the health care provider who treated you							
4. Explanations of treatment							
5. Willingness to listen to what you had to say							
6. Understanding of your health problem							
7. Answers given to your questions							
8. Amount of time spent with you							
9. Cost of the care to you							
10. Skill and ability of the health care provider							
11. Advice about ways to avoid illness and stay healthy							
12. Ability of the health care provider to put you at ease							
13. Courtesy, politeness, and respect shown by the health care provider							
14. Care received overall							

COMMENTS: _____

EXAMINER: _____