

Patient Satisfaction Survey

Name: _____ Date of birth: _____

Healthcare provider: _____ Date of visit: _____

Quality of care

1. How would you rate the quality of care you received during your visit?

Excellent Good Fair Poor Very poor

2. How satisfied were you with the explanation of your diagnosis and treatment plan?

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

3. How would you rate the friendliness and compassion of your healthcare provider?

Excellent Good Fair Poor Very poor

4. How confident do you feel about following your treatment plan?

Very confident Confident Neutral Not confident Not at all confident

Facility

5. How would you rate the overall cleanliness and comfort of the facility?

Excellent Good Fair Poor Very poor

6. How would you rate the availability and convenience of appointment scheduling?

Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

7. Was the wait time for your appointment reasonable?

Yes No Not sure

Communication

8. How would you rate the communication and professionalism of your healthcare provider?

Excellent Good Fair Poor Very poor

9. Were your questions and concerns addressed during your visit?

Yes No Not sure

10. Were you satisfied with the amount of time you spent with your healthcare provider during your visit?

Yes No Not sure

Cost

11. Was the overall cost of your visit reasonable?

Yes

No

Not sure

12. Were you satisfied with the payment options available?

Yes

No

Not sure

Overall

13. How likely are you to recommend this healthcare provider to others?

Very likely

Likely

Neutral

Unlikely

Very unlikely

Additional notes