

# **Annual Patient Satisfaction Survey**

**From the AAPPm Resource Center**



**American Academy of Podiatric Practice Management**

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# Annual Patient Satisfaction Survey

At \_\_\_\_\_, we strive to deliver the highest quality foot care to you and your family. Please help us identify our areas of strengths and weaknesses so that we may continue to serve you better. Your answers are strictly confidential. Please answer only those questions that apply to you. You may either place the completed survey in the carton located in the reception area, or mail it back to us in the provided stamped envelope.





Thank you for your time and valuable insight.

## Please rate your appointment

		Excellent	Good	Fair	Poor
1.	The length of time required between your call for an appointment and when scheduled to be seen.	? 	?	?	?
2.	The convenience of available appointments to your schedule.	? 	?	?	?
3.	The waiting time in our reception area prior to being seen.	? 	?	?	?
4.	The waiting time in the exam room prior to being seen by the doctor.	? 	?	?	?





Comments \_\_\_\_\_

## Please rate our facility

		Excellent	Good	Fair	Poor
1.	The convenience of our office hours and location.	? 	?	?	?
2.	The cleanliness and comfort of the office itself.	? 	?	?	?
3.	Our parking facilities	? 	?	?	?
4.	Availability of interesting reading material for you to read.	? 	?	?	?






Comments \_\_\_\_\_

## Please rate our staff

		Excellent	Good	Fair	Poor
1.	The friendliness and courtesy of our receptionists.	? 	?	?	?
2.	The caring and courtesy of our assistants.	? 	?	?	?
3.	The helpfulness and courtesy of our business and insurance office personnel.	? 	?	?	?
4.	The helpfulness and courtesy of any facility that we referred you to (hospital, lab, MRI, etc.)	? 	?	?	?





Comments \_\_\_\_\_

### Please rate our communication

		Excellent	Good	Fair	Poor
1.	Your ease in reaching our office by telephone.	? 	?	?	?
2.	Our timeliness in providing answers to your phone questions.	? 	?	?	?
3.	The quality of information that we provide by phone.	? 	?	?	?
4.	Describing tests and procedures to you prior to performing them.	? 	?	?	?
5.	Timely reporting of your test and procedures results.	? 	?	?	?

Comments \_\_\_\_\_

### Please rate your visit

		Excellent	Good	Fair	Poor
1.	The attitude and conversation between our physician and you.	? 	?	?	?
2.	Discussion of diagnosis and treatment options so that you understood your choices.	? 	?	?	?
3.	The completeness of the examination in light of your stated medical problem.	? 	?	?	?
4.	The overall satisfaction with your physician.	? 	?	?	?

Comments \_\_\_\_\_

### Please rate your overall satisfaction

		Excellent	Good	Fair	Poor
1.	Your overall satisfaction with our practice.	?	?	?	?

Comments \_\_\_\_\_

### Please complete the following patient information

Would you recommend this practice to a family member or friend? \_\_\_\_ Yes \_\_\_\_ No

How many years have you been a patient in our practice? \_\_\_\_\_

How did you hear about us?

- ? Family member      ? Friend or co-worker      ? Primary care physician  
? Phone book      ? Insurance book