## **Patient Satisfaction Survey**

We at Petoskey Family Foot Careare committed to not only meeting, but exceeding your expectations. The purpose of this survey is to find out how well we are doing, and to give you, our patient, the opportunity to offer constructive and valuable feedback. The results are strictly confidential and the information will be used to help us know how we can make improvements, and to tell our staff "well done" when so warranted.

## Please be open and honest with your feedback.

Scale key: P=Poor F=Fair G=Good VG=Very Good E=Excellent

	P	F	G	VG	E
1. The ability to get through, by phone, to the person you want to reach	0	0	0	0	0
2. The ability to schedule an appointment at a convenient time without a long wait	0	0	0	0	0
3. Convenience of the office location	0	0	0	0	0
4. Availability of parking and access to the building	0	0	0	0	0
5. Waiting time in the reception room (how long before we took you to a treatment room)	0	0	0	0	0
6. The friendliness, concern and courtesy shown to you by the front desk personnel	0	0	0	0	0
7. The friendliness, concern and courtesy shown to you by the clinical staff	0	0	0	0	0
8. The friendliness, concern and courtesy shown to you by your physician	0	0	0	0	0
9. The amount of time the physician spent with you	0	0	0	0	0
10. The thoroughness of the examination and treatment	0	0	0	0	0
11. Explanation of your condition and treatment options	0	0	0	0	0
12. Efficiency of the check-out process	0	0	0	0	0
13. The helpfulness of our insurance and business staff	0	0	0	0	0
14. The accuracy and clarity of billing statements	0	0	0	0	0
15. The comfort and cleanliness of our facility	0	0	0	0	0
16. How satisfied are you with the overall quality of care and services we provided?	0	0	0	0	0
17. Would you recommend us to family members and friends?	0	0	0	0	0

## Thank you for helping us improve our services!

Please feel free to make additional comments or suggestions in the space provided below: