**Patient Questionnaire**

Dear Patient,

Thank you for visiting us. By filling out this quick 5-10 minute survey, you will help us to provide better care in future.

**1Gender?**

Male Female

**2Age?**

Under 18 18-30 31-45 46-60 61+

**3Race / Ethnicity?**

Asian

African American

American

Indian/Alaska

NativeCaucasion

Hispanic or Latino

Other



***100****characters remaining*

**4How would you rate the speed of care given?**

Excellent

Good

Fair

Poor

Time in waiting room

Time in exam room

Waiting for tests to be performed

Waiting for test results

**5How would you rate the ease of getting care?**

Excellent

Good

Fair

Poor

Ability to get in to be seen make an appointment

Hours center (hospital) is open

Convenience of center's (hospital's) location

Prompt return of calls

**6Which physician were you seen by?**

Dr. - Name 1

Dr. - Name 2

Dr. - Name 3

Other



***100****characters remaining*

**7How would you rate your Physician, Nurse, Other medical staff**

Excellent

Good

Fair

Poor

Listens to you and takes enough time with you

Explains what you want to know

Gives you good advice and treatment

Friendly and helpful to you

Answers your questions

**8How would you rate all other staff (support, tech, etc.) attitude?**

Excellent

Good

Fair

Poor

Friendly and helpful to you

Answers your questions

**9How would you rate your feeling about the facilities?**

Excellent

Good

Fair

Poor

Neat and clean

Ease of finding where to go

Comfort and Safety

Privacy

**10How would you rate the cost of our services?**

Unaffordable

Expensive

Affordable

Cheap

**11How would you rate our billing?**

Excellent

Good

Fair

Poor

Explanation of charges

Collection of payments

**12Would you recommend us to your friends or relatives?**

Yes No

**13What do you like / dislike about our center (hospital)?**

***1500****characters remaining*

**14What can we do better?**

***1500****characters remaining*