We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					V	
The time between your call to schedule an appointment and your appointment date.					V	
The manners of the person(s) who scheduled your appointment.	· ·				V	
Clarity of directions to the office and the time of your appointment.					V	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.					V	
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.					V	- /
Please rate your overall experience with our billing office.						V

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	
His or her explanation of procedures, diagnoses, or treatment regimen.			Transfer of the second		V	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	A-2 1 1 1

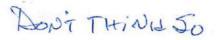
	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	_'=				·V	
The service/care provided was valuable to improving my health.					V	
The educational information I received was helpful.					V	
I clearly understand the next steps in my plan of care.					V	

4.	Would	you return t	o see this physician/practitioner for further	care?
	Yes	No	•	

5. Would	you recommend	this practice to	family and	friends?
Yes	No	AND THE STATE OF T	•	

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?



8. Please tell us what you like best about the care you received.



9. Please tell us what you like least about the care you received.

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	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					X	
The time between your call to schedule an appointment and your appointment date.					X	_,
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.					X	· ·
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.			_	•	X	_
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	_
Please rate your overall experience with our billing office.						\overline{X}

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	-

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	
The service/care provided was valuable to improving my health.					X	
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.					X	

4.	Would	you return to	see this	physician/p	ractitioner	for further	care?
(Yes	you return to No		_			

- 5. Would you recommend this practice to family and friends?

 Yes No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.

Didn't ful at all rushed.

9. Please tell us what you like least about the care you received.

Nathing

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	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					1 1	
The time between your call to schedule an appointment and your appointment date.					7	
The manners of the person(s) who scheduled your appointment.					4	
Clarity of directions to the office and the time of your appointment.					7	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.						
The comfort, cleanliness, and amenities of the reception area.					X	٠,
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					人	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					Χ	·
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	_
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					7	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	
The service/care provided was valuable to improving my health.					X	W# 1
The educational information I received was helpful.		-	us.		X	
I clearly understand the next steps in my plan of care.					X	

4.	Would	you return to	see this physician/practitioner for further ca	re?
	Yes	No	•	

- 5. Would you recommend this practice to family and friends? Yes No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
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	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					X	
The time between your call to schedule an appointment and your appointment date.			X			
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.					*	×
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.	}				×	
The comfort, cleanliness, and amenities of the reception area.	·	,			X	
The extent to which staff respected your privacy.					4	,
Please rate your overall experience with our billing office.					X	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.				X		
His or her explanation of procedures, diagnoses, or treatment regimen.				X		_
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).				X	, , ,	_

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	ļ
The service/care provided was valuable to improving my health.					X	
The educational information I received was helpful.						X
I clearly understand the next steps in my plan of care.			\rtimes	-		Æ

4. Would you	return to see	this physician/practitione	er for further	care?
/ / /	No			

- 5. Would you recommend this practice to family and friends?

 Yes

 No
- 6. Did any specific staff member stand out? $\mathcal{N}_{\mathcal{O}}$
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

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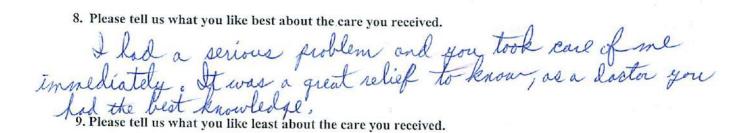
	Not at all Satisfied (1)	(2)	Neutral	740	Very Satisfied	N/A
Getting through to the office by phone.	(1)	(2)	(3)	(4)	(5)	
The time between your call to schedule an appointment and your appointment date.				X		
The manners of the person(s) who scheduled your appointment.				X		
Clarity of directions to the office and the time of your appointment.				X		
The professionalism and manners of your receptionist at the time you checked in.				4		
Your wait time in the office.				1		
The comfort, cleanliness, and amenities of the reception area.	Les II			X		
The extent to which staff respected your privacy.				X		
Please rate your overall experience with our billing office.		Eyua I	341	4		

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.				X		
His or her explanation of procedures, diagnoses, or treatment regimen.	a all pri	PH = 1		X		
His/her personal manner (courtesy, respect, sensitivity, friendliness).				X		
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			W - 4J	X		

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	
The service/care provided was valuable to improving my health.		- /		0	X	
The educational information I received was helpful.				X		
I clearly understand the next steps in my plan of care.	-		4	X		

4.	Would you	u return	to see this physician/practitioner for further care?
1	Yes	No	

- 6. Did any specific staff member stand out?
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	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A	
Getting through to the office by phone.					×		
The time between your call to schedule an appointment and your appointment date.					×		
The manners of the person(s) who scheduled your appointment.					X		
Clarity of directions to the office and the time of your appointment.					X		
The professionalism and manners of your receptionist at the time you checked in.					X		
Your wait time in the office.					X		
The comfort, cleanliness, and amenities of the reception area.					Х -	OXC	phinal
The extent to which staff respected your privacy.					X]
Please rate your overall experience with our billing office.					义		

	Poor	(3)	(2)	مد ا	Excellent	N/A
	(1)	(2)	(3)	(4)	<u>(5)</u>	
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					×	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	- I

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					×	
The service/care provided was valuable to improving my health.			1			/
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.			_			

Yes No
5. Works you recommend this practice to family and friends?
Yes No
6. Did any specific staff member stand out? EUlrefone loss ex cleptionale propositional al courteras
Maken imal al Courtern
The state of the s
7. Was there any aspect of your core that and the town to

8. Please tell us what you like best about the care you received. On him exter

9. Please tell us what you like least about the care you received.

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Getting through to the office by phone.					-	
The time between your call to schedule an appointment and your appointment date.				_	~	
The manners of the person(s) who scheduled your appointment.					~	-
Clarity of directions to the office and the time of your appointment.					~	
The professionalism and manners of your receptionist at the time you checked in.					~	
Your wait time in the office.						
The comfort, cleanliness, and amenities of the reception area.		· ·				
The extent to which staff respected your privacy.					-	- -
Please rate your overall experience with our billing office.					~	

	Poor				Excellent	N/A
	<u>(1)</u>	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					-	
His or her explanation of procedures, diagnoses, or treatment regimen.					v	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					~	-
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).		-			V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					-	
The service/care provided was valuable to improving my health.					L	
The educational information I received was helpful.					-	
I clearly understand the next steps in my plan of care.					-	

4. Would you	u return t	o see this physician/practitioner for further care?
(Yes)	No	o see this physician/practitioner for further care?
_		

5. Would	you recommend	this practice to	family and	friends?
Yes	No			



7. Was there any aspect of your care that could be improved?

J'he heen a patient for a long time & feel De Jensen

is the hest. Great held side manner good listener. He has

always been there when I needed him I then I had beast CA

ne gare the several numbers to

he gare the several numbers to

he was most carring when I

last Bab:

agreat friend + doctor.

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	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.				X		
The time between your call to schedule an appointment and your appointment date.				X		
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.						X
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.				X		
The comfort, cleanliness, and amenities of the reception area.				X		
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.				X		

	Poor				Excellent	N/A
· · · · · · · · · · · · · · · · · · ·	(1)	(2)	(3)	(4)	(5)	_
You physician/provider's listening skills.				X		
His or her explanation of procedures, diagnoses, or treatment regimen.				X		-
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	-

<u> </u>	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A	
My physician/provider spent adequate time with me.					X) 000
The service/care provided was valuable to improving my health.					X		Guys are great!
The educational information I received was helpful.						X	ore !
I clearly understand the next steps in my plan of care.					X) great.

4. Would you	return to see this physician/practitioner for further care?
Yes	No

5. Would you recommend this practice to family and friends?

Yes No

6. Did any specific staff member stand out?

Julie

7. Was there any aspect of your care that could be improved?

Give one a new body.

8. Please tell us what you like best about the care you received.

On Jensen is very good at what he does! His staff is also very competent & helpful.

9. Please tell us what you like least about the care you received.

I wish you still had your office in Lewiswille, et would be closes for us.

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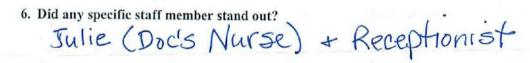
T TE	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.	-		27	X		
The time between your call to schedule an appointment and your appointment date.				X		
The manners of the person(s) who scheduled your appointment.				X		
Clarity of directions to the office and the time of your appointment.				X		
The professionalism and manners of your receptionist at the time you checked in.				X		
Your wait time in the office.	r - a =		War on It I	R ¹¹	X	Te .
The comfort, cleanliness, and amenities of the reception area.				X		n-7
The extent to which staff respected your privacy.				X)
Please rate your overall experience with our billing office.			100			X

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.				X		
His or her explanation of procedures, diagnoses, or treatment regimen.	1 1000		510	X	N =3 I	
His/her personal manner (courtesy, respect, sensitivity, friendliness).	2.44		, i		X	1 10
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			DOLL	X		

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.		- 141			X	
The service/care provided was valuable to improving my health.		3			X	
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.					X	. 4

4. Would ye	ou return	to see this physician/practitioner for further care?
Yes	No	

5.	Would	you	recommend	this	practice	to	family	and	friends'
	Yes		No		-				



7. Was there any aspect of your care that could be improved?

Not yet

ease tell us what you like best about the care you receive

8. Please tell us what you like best about the care you received.

The doc explained how I'm supposed to take meds. He was VERY thorough!!

9. Please tell us what you like least about the care you received.

NA

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Getting through to the office by phone.						
The time between your call to schedule an appointment and your appointment date.				/		
The manners of the person(s) who scheduled your appointment.				/		
Clarity of directions to the office and the time of your appointment.						/
The professionalism and manners of your receptionist at the time you checked in.				1	_	
Your wait time in the office.	911	1	/			
The comfort, cleanliness, and amenities of the reception area.				/		
The extent to which staff respected your privacy.				/		
Please rate your overall experience with our billing office.		*		/	E4. E	

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.						
His or her explanation of procedures, diagnoses, or treatment regimen.				1		
His/her personal manner (courtesy, respect, sensitivity, friendliness).				N		
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).				1		WATE TO SERVICE THE SERVICE TH

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					/	
The service/care provided was valuable to improving my health.					-	, T ,
The educational information I received was helpful.					1	
I clearly understand the next steps in my plan of care.					/	

4. Would yo	u return to see this physician/practitioner for further care?
Yes	No
5. Would yo Yes	u recommend this practice to family and friends? No

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

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Getting through to the office by phone.					X	l' -
The time between your call to schedule an appointment and your appointment date.				~		
The manners of the person(s) who scheduled your appointment.					×	
Clarity of directions to the office and the time of your appointment.					*	
The professionalism and manners of your receptionist at the time you checked in.					*	1
Your wait time in the office.				×		
The comfort, cleanliness, and amenities of the reception area.				Mà	8	
The extent to which staff respected your privacy.					×	
Please rate your overall experience with our billing office.					<	-

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.			×			
His or her explanation of procedures, diagnoses, or treatment regimen.			4			
His/her personal manner (courtesy, respect, sensitivity, friendliness).				7		
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					×	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				*	 <u>-</u> .	
The service/care provided was valuable to improving my health.			×			
The educational information I received was helpful.					_	X
I clearly understand the next steps in my plan of care.	<u> </u>		*		,	

4.	Would ye	ou return to	see this physician/practitioner for further (care?
(Yes	No		

5. Would you recommend this practice to family and friends?
Yes No Management

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?

Would like to get more alternative options in medical care/prescriptions.

8. Please tell us what you like best about the care you received.

9. Please tell us what you like least about the care you received.

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	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.						9
The time between your call to schedule an appointment and your appointment date.			V			
The manners of the person(s) who scheduled your appointment.			-		1	
Clarity of directions to the office and the time of your appointment.				4	V	
The professionalism and manners of your receptionist at the time you checked in.						
Your wait time in the office.				V		
The comfort, cleanliness, and amenities of the reception area.			. 31 32 11	gdi l	V	
The extent to which staff respected your privacy.						
Please rate your overall experience with our billing office.			in the i			V

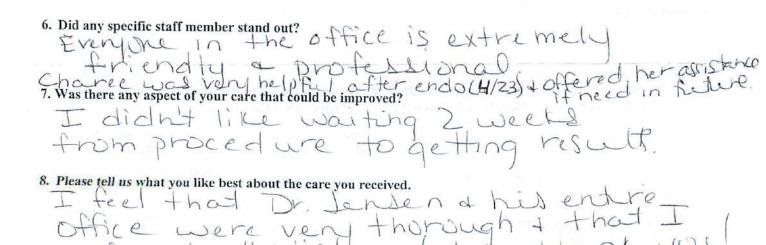
	Poor (1)	(2)	(3)	(4)	Excellent N/A (5)
You physician/provider's listening skills.	3.7			1	V
His or her explanation of procedures, diagnoses, or treatment regimen.					
His/her personal manner (courtesy, respect, sensitivity, friendliness).					1
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).	- 67	No. att			1

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.		100			~	
The service/care provided was valuable to improving my health.				. 80 (00)	V	17
The educational information I received was helpful.					~	
I clearly understand the next steps in my plan of care.					~	

4. Would yo	ou return t	o see this physicia	n/practitioner for	further care?
Yes	No			

5. Would you recommend this practice to family and friends?

No



9. Please tell us what you like least about the care you received.

between procedure + results

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)_	(5)	
Getting through to the office by phone.					V	
The time between your call to schedule an appointment and your appointment date.					V	,
The manners of the person(s) who scheduled your appointment.					V	
Clarity of directions to the office and the time of your appointment.	,					~
The professionalism and manners of your receptionist at the time you checked in.				V		
Your wait time in the office.					V	
The comfort, cleanliness, and amenities of the reception area.		-			V	
The extent to which staff respected your privacy.						
Please rate your overall experience with our billing office.			1			

	Poor				Excellent	N/A
·	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	
His or her explanation of procedures, diagnoses, or treatment regimen.					V	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					ν	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.			<u></u>		V	
The service/care provided was valuable to improving my health.					V	
The educational information I received was helpful.		_			V	_
I clearly understand the next steps in my plan of care.	<u>_</u>				V	

4.	Would you	return to	see this physician/practitioner fo	r further care?
		No	•	

5.	Would	you :	recommend	this	practice	to	family	and	friends?
(Yes)	No		•		•		

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?

9. Please tell us what you like least about the care you received.

THE NEED FOR THE CARE: IE.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					V	
The time between your call to schedule an appointment and your appointment date.	**		-		V	
The manners of the person(s) who scheduled your appointment.			-		-	
Clarity of directions to the office and the time of your appointment.	The State of the S				1	
The professionalism and manners of your receptionist at the time you checked in.	-				V	
Your wait time in the office.					V	
The comfort, cleanliness, and amenities of the reception area.					V	*
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.			-		V	

	Poor			57	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	
His or her explanation of procedures, diagnoses, or treatment regimen.					1	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V,	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	11.5

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.		<u> </u>		-	V	
The service/care provided was valuable to improving my health.		-	Ē.	1 100 1-	V	
The educational information I received was helpful.					V	
I clearly understand the next steps in my plan of care.					V	

4. Would you	return to	see this physician/practitioner for further	care?
Yes	No		

5. Would you recommend this practice to family and friends?



- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

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	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					1 1/	
The time between your call to schedule an appointment and your appointment date.					Х	
The manners of the person(s) who scheduled your appointment.					χ	
Clarity of directions to the office and the time of your appointment.		,			χ	
The professionalism and manners of your receptionist at the time you checked in.					ハ	
Your wait time in the office.					X	
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					X	

	Poor (1)	(2)	(3)	(4)	Excellent (5),	N/A
You physician/provider's listening skills.						
His or her explanation of procedures, diagnoses, or treatment regimen.					*	
His/her personal manner (courtesy, respect, sensitivity, friendliness).				ļ	X	
Please rate your overall experience with the Nurse (courtesy, respect, sensitivity, friendliness).	7				AW50MG	/
	/			Rea	air -)



	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					L	
The service/care provided was valuable to improving my health.					X	į
The educational information I received was helpful.	,				X	l.
I clearly understand the next steps in my plan of care.		_			<u> </u>	

3, Wello, you return to see this physician/pra	ictitioner for furthe	r care?	
((Yes) No			
5. Would you recommend this practice to fan	nily and friends?		
Yes No	•		
6. Did any specific staff member stand out?	1.000	wand Sal	. 100/1
	NUMBE	way out	Wonderful
			•

7. Was there any aspect of your care that could be improved?

NO

8. Please tell us what you like best about the care you received.

The way both DR & NURSE Really
LOOKED ATME and Listened!

9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					V	
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.				V		
Clarity of directions to the office and the time of your appointment.				ļ	V	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.			1			
The comfort, cleanliness, and amenities of the reception area.				\ \		
The extent to which staff respected your privacy.				V		
Please rate your overall experience with our billing office.				•		

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					~	
His or her explanation of procedures, diagnoses, or treatment regimen.					V	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					~	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			,	1		

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				V		
The service/care provided was valuable to improving my health.		·				
The educational information I received was helpful.				1		
I clearly understand the next steps in my plan of care.				ongoin	ig	

4.	Would	ou return to	see this physician/practitioner for further care?
	Yes /	No	see this physician/practitioner for further care?
			end this practice to family and friends?
э.	wonia 1	ou recomme	nd this practice to family and friends?
- 1	Ves	No	

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.		<u> </u>			<i>V</i>	<u></u> _
The time between your call to schedule an appointment and your appointment date.					V	
The manners of the person(s) who scheduled your appointment.					/	
Clarity of directions to the office and the time of your appointment.					,	~
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.						
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.				;		

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					/	
His or her explanation of procedures, diagnoses, or treatment regimen.					V	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.						
The service/care provided was valuable to improving my health.					V	
The educational information I received was helpful.			·		V	
I clearly understand the next steps in my plan of care.					1	

4. Would y	ou return í	to see this physician/practitioner for further care?
Yes	No	

5. Would you recommend this practice to family and friends?

No

6. Did any specific staff member stand out?

all were pleasant

7. Was there any aspect of your care that could be improved?

8. Please tell us what you like best about the care you received.

Satisfied

9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	2.0	Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					×	
The time between your call to schedule an appointment and your appointment date.					X	
The manners of the person(s) who scheduled your appointment.					×	
Clarity of directions to the office and the time of your appointment.					×	
The professionalism and manners of your receptionist at the time you checked in.					×	
Your wait time in the office.	of days the	4 4	1,1,41	X	1. 1. 1.	
The comfort, cleanliness, and amenities of the reception area.	u- Bi	114			X	
The extent to which staff respected your privacy.					×	
Please rate your overall experience with our billing office.					X	

	Poor (1)	(2)	(3)	(4)	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.	VI V				X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			1 •		X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.			-		X	
The service/care provided was valuable to improving my health.			56		X =	
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.					X	

4. Would yo	u return t	o see this physician/practitioner for further care?
Yes	No	

5. Would you recommend this practice to family and friends?

(Yes) No

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?

You should let The person who is making The appointment reminder call know that you have received the paperwork, Berng asked to bring his what was mailed the pror week lead to whereessary stress.

8. Please tell us what you like best about the care you received.

9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					X	
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.					\times	
The professionalism and manners of your receptionist at the time you checked in.	-				14×	US
Your wait time in the office.					\times	
The comfort, cleanliness, and amenities of the reception area.					×	
The extent to which staff respected your privacy.					×	
Please rate your overall experience with our billing office.			- 1 1 =		×	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					15	
His or her explanation of procedures, diagnoses, or treatment regimen.						
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).		M		1 0-		

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.		h				
The service/care provided was valuable to improving my health.				10	1	
The educational information I received was helpful.			X		- a-	
I clearly understand the next steps in my plan of care.		-11	0	\times		

4. Would you	return to see this physician/practitioner for further care?	
Yes	No	

5. Would you recommend this practice to family and friends?

Yes

6. Did any specific staff member stand out?

De. allen, Julie, Receptonist

7. Was there any aspect of your care that could be improved?

8. Please tell us what you like best about the care you received.



9. Please tell us what you like least about the care you received.

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1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	(4)	Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	Γ
Getting through to the office by phone.					v	ļ
The time between your call to schedule an appointment and your appointment date.				**************************************	V	
The manners of the person(s) who scheduled your appointment.					V	
Clarity of directions to the office and the time of your appointment.					V	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.					V	
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.						
Please rate your overall experience with our billing office.						?

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.	` ` `				V	
His or her explanation of procedures, diagnoses, or treatment regimen.					V	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					/	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					V	
The service/care provided was valuable to improving my health.					V	
The educational information I received was helpful.					V	
I clearly understand the next steps in my plan of care.						

4.	Would you	return to	see this phys	ician/practit	ioner for f	urther ca	re?
(Yes	No					
5.	Would you	recommen	d this pract	ice to family	and friend	s?	

6. Did any specific staff member stand out?

No

Yes /

- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Satisfied Neutral				Very Satisfied		
	(1)	(2)	(3)	(4)	(5)		
Getting through to the office by phone.	<i>y</i>						
The time between your call to schedule an appointment and your appointment date.	х						
The manners of the person(s) who scheduled your appointment.	¥						
Clarity of directions to the office and the time of your appointment.	¥						
The professionalism and manners of your receptionist at the time you checked in.	×						
Your wait time in the office.			<u> </u>				
The comfort, cleanliness, and amenities of the reception area.	K						
The extent to which staff respected your privacy.	X						
Please rate your overall experience with our billing office.	X						

	Poor (1)	(2)	(3)	(4)	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.	- -				× _	
His or her explanation of procedures,					٠, ١	
diagnoses, or treatment regimen.						
His/her personal manner (courtesy,					· ·	
respect, sensitivity, friendliness).					``	
Please rate your overall experience with the Nurse.					./	
(courtesy, respect, sensitivity, friendliness).		<u> </u>				

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	N/A
	(1)	(2)	(3)	(4)	(5)	
My physician/provider spent adequate time with me.	1 11				X	
The service/care provided was valuable to improving my health.		¥.	.14	X		
The educational information I received was helpful.				A 4-1	X	
I clearly understand the next steps in my plan of care.		2			X	

		to see this physician/practitioner for further care?
Yes	No	

5. Would you recommend this practice to family and friends?

Yes

No

6. Did any specific staffmember stand out? Yes - Wr, of while

7. Was there any aspect of your care that could be improved? We

8. Please tell us what you like best about the care you received. Facendly - don't feel rushed, thorough.

9. Please tell us what you like least about the care you received. - Fleet,

Alice Sollenberger

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
, , , , , , , , , , , , , , , , , , ,	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					<u> </u>	ļ
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.						
Clarity of directions to the office and the time of your appointment.						
The professionalism and manners of your receptionist at the time you checked in.						
Your wait time in the office.			!			
The comfort, cleanliness, and amenities of the reception area.						
The extent to which staff respected your privacy.					*	
Please rate your overall experience with our billing office.						X

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.						
His or her explanation of procedures, diagnoses, or treatment regimen.						
His/her personal manner (courtesy, respect, sensitivity, friendliness).						
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					}	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	
The service/care provided was valuable to improving my health.					(
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.					X	

4. Would you re	turn to see this physician/practitioner for further care?
Yes	ło
5. Would you re	commend this practice to family and friends?
	io
6. Did any speci	fic staff member stand out?
LHEAD	fic staff member stand out?
A(!)	~ COOV

FUH COLOG OS CUPY

7. Was there any aspect of your care that could be improved?

Laugh at ms sokas

8. Please tell us what you like best about the care you received.

6008 News!

9. Please tell us what you like least about the care you received.

Everthing Arnes

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

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1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.						i the_
The time between your call to schedule an appointment and your appointment date.					L-	
The manners of the person(s) who scheduled your appointment.						
Clarity of directions to the office and the time of your appointment.						
The professionalism and manners of your receptionist at the time you checked in.	1 × 1				~	
Your wait time in the office.	P.,				1-	
The comfort, cleanliness, and amenities of the reception area.					1	- 2
The extent to which staff respected your privacy.					1/	
Please rate your overall experience with our billing office.			WE 1. WILL		w.	l=111

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.				1		
His or her explanation of procedures, diagnoses, or treatment regimen.					1	
His/her personal manner (courtesy, respect, sensitivity, friendliness).				1	1	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).	i Bayan	2111		i-		also if

A NO	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				1	=	
The service/care provided was valuable to improving my health.						
The educational information I received was helpful.				1		i e
I clearly understand the next steps in my plan of care.					1 10	

4. Would	you return to	see this physician/practitioner fo	or further care?
Yes	No	see this physician/practitioner fo	

- 5. Would you recommend this practice to family and friends?

 Yes No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.



9. Please tell us what you like least about the care you received.

None

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Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					1	
The time between your call to schedule an appointment and your appointment date.			1			
The manners of the person(s) who scheduled your appointment.					-	
Clarity of directions to the office and the time of your appointment.						2
The professionalism and manners of your receptionist at the time you checked in.		<u> </u>			1	
Your wait time in the office.	1				1	
The comfort, cleanliness, and amenities of the reception area.						_
The extent to which staff respected your privacy.					1	- '
Please rate your overall experience with our billing office.						

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	,
His or her explanation of procedures, diagnoses, or treatment regimen.						
His/her personal manner (courtesy, respect, sensitivity, friendliness).						
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).						

·	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.						
The service/care provided was valuable to improving my health.						
The educational information I received was helpful.					V	
I clearly understand the next steps in my plan of care.					0	

4. Would you	return to see this	physician/practitioner for	further	care?
Yes	No	_		

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?

NO

8. Please tell us what you like best about the care you received.

concern

9. Please tell us what you like least about the care you received.



We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	<i>(</i> 4)	Very Satisfied	N/A
<u> </u>	(1)	(2)	(3)	<u>(4)</u>	(5)	
Getting through to the office by phone.			<u> </u>	<u> </u>		
The time between your call to schedule an appointment and your appointment date.					\times	
The manners of the person(s) who scheduled your appointment.					λ	
Clarity of directions to the office and the time of your appointment.						X
The professionalism and manners of your receptionist at the time you checked in.					\times	
Your wait time in the office.					\times	
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					X	

	Poor				Excellent	N/A
((1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					\times	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					×	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					×	
The service/care provided was valuable to improving my health.				l.	×	
The educational information I received was helpful.	10				,	X
I clearly understand the next steps in my plan of care.					X	

4. Would you (Yes)	return to see this physician/practitioner for further care? No
5. Would you	recommend this practice to family and friends?

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.

9. Please tell us what you like least about the care you received.

It is very personal

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	740	Very Satisfied	N/A
Cotting through to the office humbons	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.						
The time between your call to schedule an appointment and your appointment date.	2.				V	-
The manners of the person(s) who scheduled your appointment.					~	
Clarity of directions to the office and the time of your appointment.						
The professionalism and manners of your receptionist at the time you checked in.					✓	
Your wait time in the office.						
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.			3×1 5		V	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.						
His or her explanation of procedures, diagnoses, or treatment regimen.						
His/her personal manner (courtesy, respect, sensitivity, friendliness).						
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					/	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	F404				/	
The service/care provided was valuable to improving my health.					/	
The educational information I received was helpful.					1	
I clearly understand the next steps in my plan of care.					/	

Yes	No				
5. Would you Yes	recommen No		e to family and	d friends?	•
6. Did any sp		member stand	out?	ellet	10
7. Was there a	any aspect (of your care th	nat could be ir	nproved?	

4. Would you return to see this physician/practitioner for further care?

8. Please tell us what you like best about the care you received.

no

Everyone is very helpful of nece, plus I know I'm in good hands, -

9. Please tell us what you like least about the care you received.

There isn't onything I don't like.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					∀ −	
The time between your call to schedule an appointment and your appointment date.					Χ	
The manners of the person(s) who scheduled your appointment.					<i>></i>	
Clarity of directions to the office and the time of your appointment.					×	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.			<u> </u>		K	
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					*	
Please rate your overall experience with our billing office.		}			*	

	Poor			مد ا	Excellent	N/A
	<u>(1)</u>	(2)	(3)	(4)	(5)	Ι
You physician/provider's listening skills.	 				1	
His or her explanation of procedures, diagnoses, or treatment regimen.			;		*	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					K	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					×	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	<u>-</u>	_			*	
The service/care provided was valuable to improving my health.					K	
The educational information I received was helpful.	·				d	
I clearly understand the next steps in my plan of care.					4	

- 4. Would you return to see this physician/practitioner for further care?

 Yes

 No
- 5. Would you recommend this practice to family and friends?
- 6. Did any specific staff member stand out?

all were great

7. Was there any aspect of your care that could be improved?

10

8. Please tell us what you like best about the care you received.

Professional EfficienT

9. Please tell us what you like least about the care you received.

Results of Test

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					X	
The time between your call to schedule an appointment and your appointment date.					X	
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.					X	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.	11 1 =					
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.			-		X	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

A	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					X	
The service/care provided was valuable to improving my health.	3= (3)			er e a	X	
The educational information I received was helpful.	-		a		X	
I clearly understand the next steps in my plan of care.	*			T	X	

4. Would yo	u return to	ee this physician/practitioner for further care?
Yes	No	

5. Would you recommend this practice to family and friends?

Yes No

6. Did any specific staff member stand out?

JENIE WAS EXCELLENT. SHE EXPLAINED THINGS VERY WELL

7. Was there any aspect of your care that could be improved?

NOTHING COMES TO MIND

8. Please tell us what you like best about the care you received.

THE PROFESSIONALISM OF THE STAFF.

9. Please tell us what you like least about the care you received.

NOTHING COMES TO MIND

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.	,					100
The time between your call to schedule an appointment and your appointment date.			ν			
The manners of the person(s) who scheduled your appointment.					1	
Clarity of directions to the office and the time of your appointment.					·	V
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.		V				
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.						V

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.				ν		
His or her explanation of procedures, diagnoses, or treatment regimen.				V		·
His/her personal manner (courtesy, respect, sensitivity, friendliness).				1	-	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					V	-
The service/care provided was valuable to improving my health.				V		
The educational information I received was helpful.			·	V		
I clearly understand the next steps in my plan of care.					ν	

- 4. Would you return to see this physician/practitioner for further care?

 (Yes) No
- 5. Would you recommend this practice to family and friends?
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.

 Considered my personal health & age in deciding on treatment or no treatment
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					V	
The time between your call to schedule an appointment and your appointment date.			~	,		
The manners of the person(s) who scheduled your appointment.			,		V	
Clarity of directions to the office and the time of your appointment.					V	
The professionalism and manners of your receptionist at the time you checked in.					~	
Your wait time in the office.						
The comfort, cleanliness, and amenities of the reception area.					V	
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.					V	

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.				452	/	
His or her explanation of procedures, diagnoses, or treatment regimen.				ν		
His/her personal manner (courtesy, respect, sensitivity, friendliness).					V	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				V		
The service/care provided was valuable to improving my health.				V	_	
The educational information I received was helpful.				V		
I clearly understand the next steps in my plan of care.				/		

4.	World you	return to se	e this	physician/	practitioner	for	further	care?
1	Ves	No			•			

6. Did any specific staff member stand out?

8. Please tell us what you like best about the care you received.

OR. TRUSE N - I H MUE COMPLETE COMPLETE

9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					*	
The time between your call to schedule an appointment and your appointment date.					*	
The manners of the person(s) who scheduled your appointment.					+	
Clarity of directions to the office and the time of your appointment.					+	
The professionalism and manners of your receptionist at the time you checked in.					*	<u> </u>
Your wait time in the office.					7	
The comfort, cleanliness, and amenities of the reception area.					1	
The extent to which staff respected your privacy.					4	
Please rate your overall experience with our billing office.					+	

	Poor				Excellent	N/A
F*	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					+	
His or her explanation of procedures, diagnoses, or treatment regimen.					+	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					*	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					†	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					×	
The service/care provided was valuable to improving my health.					× 	
The educational information I received was helpful.			•		×	
I clearly understand the next steps in my plan of care.					×	

- 4. Would you return to see this physician/practitioner for further care?

 Yes No
- 5. Would you recommend this practice to family and friends?

 Yes No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received. Friendly & Protessional Personell.
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(A)	Neutral	245	Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	ī
Getting through to the office by phone.		ļ		<u> </u>	<u> </u>	
The time between your call to schedule an appointment and your appointment date.				X		
The manners of the person(s) who scheduled your appointment.			,		×	
Clarity of directions to the office and the time of your appointment.					X	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.					X	
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.						X
Please rate your overall experience with our billing office.						X

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					×	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	,				X	
The service/care provided was valuable to improving my health.					X	
The educational information I received was helpful.						X
I clearly understand the next steps in my plan of care.				X		

4. Would yo	ou return to s	see this physician/practitioner for further care?
(Yes)	No	see this physician/practitioner for further care?
\sim		
(Yes)	No	d this practice to family and friends?

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					×	
The time between your call to schedule an appointment and your appointment date.					X	
The manners of the person(s) who scheduled your appointment.					X	4
Clarity of directions to the office and the time of your appointment.					X	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.		143			X	
The comfort, cleanliness, and amenities of the reception area.				X		
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.						X

2. Please rate the following items related to the delivery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is not related to your care, choose N/A.

	Poor			20	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					×	
His or her explanation of procedures, diagnoses, or treatment regimen.				X		
His/her personal manner (courtesy, respect, sensitivity, friendliness).				X		
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			X			

Trongocal / deceda

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					*	
The service/care provided was valuable to improving my health.				X		
The educational information I received was helpful.						×
I clearly understand the next steps in my plan of care.			X			

steps in my plan of care.			^			<u></u> _	
4. Would you return to see Yes No 5. Would you recommend to Yes No				e?		- -	
6. Did any specific staff men	mber stand out?	ter wa	i gre	et, =	r beli	icue h	هي
7. Was there any aspect of y	our care that co	uld be improv	ved?				
8. Please tell us what you lik	ke best about the	e care you rec	eived.				

9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					<i>L</i>	
The time between your call to schedule an appointment and your appointment date.					v	
The manners of the person(s) who scheduled your appointment.					<u></u>	
Clarity of directions to the office and the time of your appointment.					<i></i>	
The professionalism and manners of your receptionist at the time you checked in.					<u>ا</u>	
Your wait time in the office.					<u></u>	
The comfort, cleanliness, and amenities of the reception area.					-	
The extent to which staff respected your privacy.						
Please rate your overall experience with our billing office.						

	Poor				Excellent	N/A
p	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					<u></u>	
His or her explanation of procedures, diagnoses, or treatment regimen.					<u></u>	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					/	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).						

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					V	
The service/care provided was valuable to improving my health.					V	
The educational information I received was helpful.						NA
I clearly understand the next steps in my plan of care.						

4. Would you	return to see this physician/practitioner for further care?
Yes	No

5.	Would	you recommend	this pract	ice to fam	ily and	friends?
	Yes	No	_		_	

- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.					1	
The time between your call to schedule an appointment and your appointment date.					V	
The manners of the person(s) who scheduled your appointment.					V	
Clarity of directions to the office and the time of your appointment.					/	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.			1		/	
The comfort, cleanliness, and amenities of the reception area.	= -				V	
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.	.5		1011 1 1 42		V	

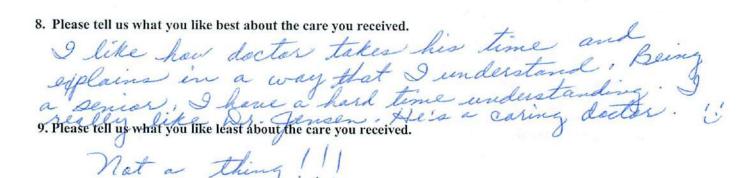
	Poor			2	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	
His or her explanation of procedures, diagnoses, or treatment regimen.	1		EX.		/	R.
His/her personal manner (courtesy, respect, sensitivity, friendliness).				1 1	1	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).	1			7	V	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	12	-434			-	
The service/care provided was valuable to improving my health.			=		V	
The educational information I received was helpful.					V .	
I clearly understand the next steps in my plan of care.					V	

4.	Would y	ou return t	o see this physician/practitioner for further care?
	Yes	No	

- 5. Would you recommend this practice to family and friends?

 No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?



We want to be sure we are doing everything we can to serve you. Please take a minute to fill out this confidential survey. Just let us know what we are doing well and what we can to do better!

Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.				×		
The time between your call to schedule an appointment and your appointment date.				×		
The manners of the person(s) who scheduled your appointment.					×	
Clarity of directions to the office and the time of your appointment.				У.		
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.				×		
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					×	

	Poor	44.		ا	Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.			<u></u>	<u> </u>	X	
His or her explanation of procedures, diagnoses, or treatment regimen.					×	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					×	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					×	
The service/care provided was valuable to improving my health.					×	
The educational information I received was helpful.		:			×	
I clearly understand the next steps in my plan of care.					×	

4. Would you	return to see this physician/practitioner for further care?
Yes	No

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?

8. Please tell us what you like best about the care you received.

9. Please tell us what you like least about the care you received.

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	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					X	n = 1=6
The time between your call to schedule an appointment and your appointment date.					X	
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.					×	
The professionalism and manners of your receptionist at the time you checked in.					*	
Your wait time in the office.			1 = 1	_	X	
The comfort, cleanliness, and amenities of the reception area.	1				X	
The extent to which staff respected your privacy.					K	
Please rate your overall experience with our billing office.					X	

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					×	
His or her explanation of procedures, diagnoses, or treatment regimen.					>	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					×	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.					×	
The service/care provided was valuable to improving my health.					×	
The educational information I received was helpful.						×
I clearly understand the next steps in my plan of care.		262			×	

4. Would you	a return to	see this p	hysician/	practitione	r for further c	are?
Yes		•	•	•		

- 5. Would you recommend this practice to family and friends?
 Yes No
- 6. Did any specific staff member stand out?
- 7. Was there any aspect of your care that could be improved?
- 8. Please tell us what you like best about the care you received.
- 9. Please tell us what you like least about the care you received.

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	Not at all Satisfied		Neutral	. 45	Very Satisfied	N/A
	(1)	(2)	· (3)	(4)	(5)	
Getting through to the office by phone.	<u> </u>				X	
The time between your call to schedule an appointment and your appointment date.			ĺ		X	
The manners of the person(s) who scheduled your appointment.					X	
Clarity of directions to the office and the time of your appointment.			<u></u>		Х	
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.					X	
The comfort, cleanliness, and amenities of the reception area.				-	Х	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					X	

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.		<u> </u>			X	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	-
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	<u> </u>				X	-
The service/care provided was valuable to improving my health.					X	
The educational information I received was helpful.					У	
I clearly understand the next steps in my plan of care.					X	

- 4. Would you return to see this physician/practitioner for further care?
- 5. Would you recommend this practice to family and friends?
- 6. Did any specific staff member stand out?

NA

7. Was there any aspect of your care that could be improved?

(Y & S)

8. Please tell us what you like best about the care you received.

DA SENSEN

9. Please tell us what you like least about the care you received.

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Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied		Neutral		Very Satisfied	N/A
	(1)	(2)	(3)	(4)	(5)	
Getting through to the office by phone.					×	
The time between your call to schedule an appointment and your appointment date.					X	l l
The manners of the person(s) who scheduled your appointment.					X	1
Clarity of directions to the office and the time of your appointment.					X	
The professionalism and manners of your receptionist at the time you checked in.					×	
Your wait time in the office.					X	
The comfort, cleanliness, and amenities of the reception area.			X		,	
The extent to which staff respected your privacy.					X	ļ
Please rate your overall experience with our billing office.						X

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.				-3.2.	X	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).					X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.		-			X	<u> </u>
The service/care provided was valuable to improving my health.	u.				X	
The educational information I received was helpful.			_		X	
I clearly understand the next steps in my plan of care.				:	X	

4.	Would you	return to see this physician/practitioner for further care?
(Yes)	return to see this physician/practitioner for further care? No
	_	
5.	Would you	recommend this practice to family and friends?

6. Did any specific staff member stand	out?		
Julie - nurse	4	office stoff	were great

7. Was there any aspect of your care that could be improved?

NO

No

8. Please tell us what you like best about the care you received.

Dr. Jensen is very professional and seems to have a wealth of knowledge on the subject of am betting treated for, 9. Please tell us what you like least about the care you received.

I really had no disappointments

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Thank you.

1. Please indicate your level of satisfaction with the following items related to your office appointment.

Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is not related to your care, choose N/A.

	Not at all Satisfied	(2)	Neutral	(4)	Very Satisfied	N/A
Getting through to the office by phone.	(1)	(2)	(3)	(4)	(5)	
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.				Harri		
Clarity of directions to the office and the time of your appointment.					<i>i</i>	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.		E	- 44	V	, I	
The comfort, cleanliness, and amenities of the reception area.						
The extent to which staff respected your privacy.					V	
Please rate your overall experience with our billing office.		127	- 18 H 3			

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					V	
His or her explanation of procedures, diagnoses, or treatment regimen.						
His/her personal manner (courtesy, respect, sensitivity, friendliness).						
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).			tgril	ATI		

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.						
The service/care provided was valuable to improving my health.			11/2	1	-	
The educational information I received was helpful.		V	V			
I clearly understand the next steps in my plan of care.		1				

4. Would y	ou return to see this physician/practitioner for furt	her care?
Yes	No	
5. Would y	ou recommend this practice to family and friends?	

6. Did any specific staff member stand out?

No

no - everyone was mee.

7. Was there any aspect of your care that could be improved?

I would have liked more explanation

8. Please tell us what you like best about the care you received.

They were very petrsonable.

9. Please tell us what you like least about the care you received.

I think that In gensew could have explained more about Esaphagetis to me. But, I should have asked question, but I was very nervous.

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organ State / Destroy "	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.			×			
The time between your call to schedule an appointment and your appointment date.			א			
The manners of the person(s) who scheduled your appointment.					X	- 1
Clarity of directions to the office and the time of your appointment.					*	
The professionalism and manners of your receptionist at the time you checked in.					*	
Your wait time in the office.	1 710		X			
The comfort, cleanliness, and amenities of the reception area.					*	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.		16			X	

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					Х	
His or her explanation of procedures, diagnoses, or treatment regimen.					×	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					χ	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).		. 11 344			X	

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				7	(
The service/care provided was valuable to improving my health.	(4)			(Super - 12)	<	
The educational information I received was helpful.	*			>		a li
I clearly understand the next steps in my plan of care.				X		

Yes No			
6. Did any specific staff member stand out?			
all wave fine			
7. Was there any aspect of your care that could be improved? not some of what to say, all was tolerand to the them.	bla,	12.4151	

the thrust of modical science is toward improvement, and has come a long way, obviously.

8. Please tell us what you like best about the care you received.

4. Would you return to see this physician/practitioner for further care?

(Yes)

Ambiance, good natured, unrushed, Competence.

9. Please tell us what you like least about the care you received.

nothing comes to mind

Bill Pinkerson

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	Not at all Satisfied (1)	(2)	Neutral (3)	(4)	Very Satisfied (5)	N/A
Getting through to the office by phone.		(2)				
The time between your call to schedule an appointment and your appointment date.						
The manners of the person(s) who scheduled your appointment.					V	1 -
Clarity of directions to the office and the time of your appointment.					V	
The professionalism and manners of your receptionist at the time you checked in.					V	
Your wait time in the office.				V		
The comfort, cleanliness, and amenities of the reception area.		1.00		V		. 0
The extent to which staff respected your privacy.						
Please rate your overall experience with our billing office.			V			4.

	Poor				Excellent	N/A
	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.				/		
His or her explanation of procedures, diagnoses, or treatment regimen.				1		
His/her personal manner (courtesy, respect, sensitivity, friendliness).					1	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).	The 5				V	1.27

	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.	<i>P.</i> 1	m	V			
The service/care provided was valuable to improving my health.		v		1	Ai i	
The educational information I received was helpful.		-two-		V		11-27
I clearly understand the next steps in my plan of care.				V		

4. Would you return to see this physician/practitioner for further Yes No	r care?
5. Would you recommend this practice to family and friends? No	
6. Did any specific staff member stand out?	endly and helpful
6. Did any specific staff member stand out? Receptionist was very fri in getting me a cancell 7. Was there any aspect of your care that could be improved?	ation.

NO

8. Please tell us what you like best about the care you received.

9. Please tell us what you like least about the care you received.

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	Not at all Satisfied (1)	(2)	Neutral	<i>(</i> 1)	Very Satisfied (5)	N/A
Getting through to the office by phone.	(1)	(2)	(3)	(4)	X	
The time between your call to schedule an appointment and your appointment date.					X	
The manners of the person(s) who scheduled your appointment.					X	į
Clarity of directions to the office and the time of your appointment.		<u>.</u>			X	
The professionalism and manners of your receptionist at the time you checked in.	:				X	
Your wait time in the office.					X	
The comfort, cleanliness, and amenities of the reception area.					X	
The extent to which staff respected your privacy.					X	
Please rate your overall experience with our billing office.					X	

	Poor	(0)	(2)	l 245	Excellent	N/A
*- '	(1)	(2)	(3)	(4)	(5)	
You physician/provider's listening skills.					X	
His or her explanation of procedures, diagnoses, or treatment regimen.					X	
His/her personal manner (courtesy, respect, sensitivity, friendliness).					X	
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity friendliness).					X	

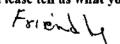
	Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)	N/A
My physician/provider spent adequate time with me.				ļ	K	
The service/care provided was valuable to improving my health.					X	
The educational information I received was helpful.					X	
I clearly understand the next steps in my plan of care.					X	

4. Woц	ld you return t	see this physician	/practitioner for	further o	care?
Yes) No	see this physician	_		

6. Did any specific staff member stand out?

7. Was there any aspect of your care that could be improved?

8. Please tell us what you like best about the care you received.



9. Please tell us what you like least about the care you received.