

## Patient Satisfaction Survey

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.					✓	
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.						✓

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

YES - SEVERAL

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

DON'T THINK SO

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

I SURVIVED. ! & WARM BLANKET.

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.						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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 ☐ 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 feel at all rushed.*

*Everyone was very friendly.*

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

*Nothing*

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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.						
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 (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	

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	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/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.

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	
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.					<del>X</del>	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	

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 (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		

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	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			<del>XXXX</del>

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?

No

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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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		

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 (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		

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	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/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.

*I had a serious problem and you took care of me immediately. It was a great relief to know, as a doctor you had the best knowledge.*

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

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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	

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	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	

*exceptional*

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.						✓
The educational information I received was helpful.					X	
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? *Everyone was exceptionally professional & courteous!*

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. *Open honesty*

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

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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.					✓	

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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).					✓	

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	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?

*All office girls friendly.*

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.

*I've been a patient for a long time & feel Dr Jensen is the best. Great bedside manner - good listener. He has always been there when I needed him. When I had breast CA he gave me several numbers to reach him if I needed him & he was most caring when I lost Bob.*

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

*A great friend & doctor.*

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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		

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 (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	

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	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	

You Guys are 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 me a new body.

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

Dr. 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 Lewisville, it would be closer for us.

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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

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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		

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	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/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 (Doc's Nurse) + Receptionist

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

Not yet

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.

N/A

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

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You physician/provider's listening skills.				<input checked="" type="checkbox"/>		
His or her explanation of procedures, diagnoses, or treatment regimen.				<input checked="" type="checkbox"/>		
His/her personal manner (courtesy, respect, sensitivity, friendliness).				<input checked="" type="checkbox"/>		
Please rate your overall experience with the Nurse. (courtesy, respect, sensitivity, friendliness).				<input checked="" type="checkbox"/>		

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My physician/provider spent adequate time with me.					<input checked="" type="checkbox"/>	
The service/care provided was valuable to improving my health.					<input checked="" type="checkbox"/>	
The educational information I received was helpful.					<input checked="" type="checkbox"/>	
I clearly understand the next steps in my plan of care.					<input checked="" type="checkbox"/>	

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?

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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	
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	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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.			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

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?

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.

## Patient Satisfaction Survey

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.			✓			
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.						✓

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

Everyone in the office is extremely friendly & professional. Charlee was very helpful after endo (4/23) & offered her assistance if need in future.

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

I didn't like waiting 2 weeks from procedure to getting results.

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

I feel that Dr. Jensen & his entire office were very thorough & that I was actually listened to. Thank you!

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

My only complaint is the time between procedure & results

## Patient Satisfaction Survey

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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.					✓	
The time between your call to schedule an appointment and your appointment date.					✓	
The manners of the person(s) who scheduled your appointment.					✓	<del>✓</del>
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.			✓			

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

JULIE & DR. JENSEN

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

LESS PAPERWORK TO  
RE-DO EVERY TIME I COME IN.

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

DR. JENSEN'S PERSONALITY

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

THE NEED FOR THE CARE: IE:  
DON'T WANT TO BE SICK IN THE  
FIRST PLACE

## Patient Satisfaction Survey

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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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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.

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

## Patient Satisfaction Survey

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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.					N	
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	

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 (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					<del>X</del>	
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).					AWESOME	

TERRIFIC

*Dijie Randaef*

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 No

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

Yes No

6. Did any specific staff member stand out?

Nurse was (50) 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 at me and listened!

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

## Patient Satisfaction Survey

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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.					✓	
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.			✓	.		

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 (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).			.	✓		

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.				✓		
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.				<i>ongoing</i>		

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.

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

## Patient Satisfaction Survey

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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 (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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

*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.

## Patient Satisfaction Survey

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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 (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.					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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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      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. Being asked to bring me what was mailed the prior week led to unnecessary 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.

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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.					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.					X	
The professionalism and manners of your receptionist at the time you checked in.					X Plus	
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	

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 (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/provider's listening skills.					5	
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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.	✓					
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

Definitely

6. Did any specific staff member stand out?

Dr. Allen, Julie, Receptionist

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.

The doctor is awesome & everyone there has a heart

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

N/A

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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.					✓	
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.						?

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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.

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

## Patient Satisfaction Survey

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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.

	<i>Very</i> 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.						
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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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/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?

yes - Dr. & Julie

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.

Friendly - don't feel rushed, thorough.

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

Fleets,

Alice Sollenberger

## Patient Satisfaction Survey

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.						
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.					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 (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).						

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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

No

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

☒ Yes

No

6. Did any specific staff member stand out?

Attendants in Room  
for colonoscopy

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

Laugh at my jokes

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

Good News!

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

Everything else!

## Patient Satisfaction Survey

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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 (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.					✓	
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.					✓	

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 (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).				✓		

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.				✓		
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?

no

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.

fast

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

None

## Patient Satisfaction Survey

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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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

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.

nothing

## Patient Satisfaction Survey

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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 (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.					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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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

☐ 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.

*It is very personal*

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

## Patient Satisfaction Survey

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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 (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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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

*already have.*

6. Did any specific staff member stand out?

*They were all excellent!*

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.

*Everyone is very helpful & nice, plus I know I'm in good hands. -*

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

*There isn't anything I don't like. -*

## Patient Satisfaction Survey

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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 (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.					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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					K	
The service/care provided was valuable to improving my health.					K	
The educational information I received was helpful.					K	
I clearly understand the next steps in my plan of care.					K	

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?

*all were great*

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.

*Professional Efficient*

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

*Results of Test*

## Patient Satisfaction Survey

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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 (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.						
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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 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

## Patient Satisfaction Survey

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.			✓			
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.						✓

- 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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

*Julie*

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.

## Patient Satisfaction Survey

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.			✓			
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.				✓		
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?

SLOWER EXPLANATION OF POSSIBLE TREATMENTS IN FUTURE  
DID NOT GRASP ALL THE ALTERNATIVES IN FUTURE IF ISSUE  
BECOMES MORE OF A PROBLEM.

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

DR. JANSEN - I HAVE COMPLETE CONFIDENCE IN HIM

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

## Patient Satisfaction Survey

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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 (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.					+	
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.					+	

- 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 (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).					+	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 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 & professional  
personnel.

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

## Patient Satisfaction Survey

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.					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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 ☐ 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.

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	
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

oral -  
Dental | Veneer -

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 (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			

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.				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 No

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

Yes No

6. Did any specific staff member stand out?

Girl at Front Counter was great, I believe her name is Vicki

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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
The service/care provided was valuable to improving my health.					✓	
The educational information I received was helpful.						N/A
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.

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.					✓	
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.					✓	

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					✓	
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?

No

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.

*I like how doctor takes his time and explains in a way that I understand. Being a senior, I have a hard time understanding. I really like Dr. Jensen. He's a caring doctor. :)*

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

*Not a thing!!!*

## Patient Satisfaction Survey

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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	

- 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 (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	

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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/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?

DR. JENSEN

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

HAD OLD ADDRESS SO WAS INITIALLY CONFUSED AS TO WHERE TO GO

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

DR. JENSEN MADE ME FEEL AT EASE RIGHT AWAY AND WAS FUNNY!

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	
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	

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 (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	

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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/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.

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	
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	

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 (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	

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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/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?

NA

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

(yes)

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

Dr. Jensen

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.					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

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 (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	

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	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/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 - nurse + office staff were great

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.

Dr. Jensen is very professional and seems to have a wealth of knowledge on the subject I am being treated for.

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

I really had no disappointments

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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.						

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.

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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).					✓	

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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?

*No - everyone was nice.*

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 personable.*

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

*I think that Dr. Jensen could have explained more about Esophagitis to me. But, I should have asked question, but I was very nervous.*

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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	

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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	

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	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/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?

*all were fine*

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

*not sure of what to say, all was tolerable,  
the thrust of medical science is toward improvement,  
and has come a long way, obviously.*

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

*Ambiance, good natured, unrushed, competence.*

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

*nothing comes to mind*

*Dill Pinkerton*

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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.					✓	
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.			✓			

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 (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).					✓	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.			✓			
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?

Receptionist was very friendly and helpful in getting me a cancellation.

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.

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

## Patient Satisfaction Survey

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.					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 (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	

3. Please indicate the extent to which you agree or disagree with each of the following statements. Use a scale of 1 to 5, with 5 being Strongly Agree and 1 being Strongly Disagree. If an item is not related to your care, choose N/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.					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 No

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

Yes No

6. Did any specific staff member stand out?

NO - All Very Good

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.

Friendly

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

N.A.