November 10, 2014

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/nurse practitioner'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/nurse practitioner 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. No wait at any point.

November 10, 2014

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.					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/nurse practitioner'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/nurse practitioner 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?

NA

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

NA

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

NA

November 10, 2014

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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/nurse practitioner'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/nurse practitioner 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?

Maybe be a little more personable and friendly, , but not an issue

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

Ease and quickness of getting in and out of appointment. Didn't have to wait long. Precise information on what needs to be done going forward.

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

It was all good.

November 12, 2014

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.						XX
The professionalism and manners of your receptionist at the time you checked in.					X	
Your wait time in the office.				X	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/nurse practitioner'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/nurse practitioner 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?
The young lady explaining the procedure. She was great. She listened to my questions and if I didn't get it the first time she was patient going over it in detail.

7. Was there any aspect of your care that could be improved?
I don't think so. Everyone was attentive and courteous.

8. Please tell us what you like best about the care you received.
Your staff must really like their jobs, because the all showed they cared about the people they were dealing with.

9. Please tell us what you like least about the care you received.
Everything was great. Can't complain. Very professional.

November 12, 2014

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/nurse practitioner'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/nurse practitioner 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 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 and friendly
Great Combo!

9. Please tell us what you like least about the care you received. no complaints

November 12, 2014

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/nurse practitioner'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/nurse practitioner 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 was polite, professional and helpful. I especially liked the way Dr. Jenson took the time to listen & discuss my situation.

7. Was there any aspect of your care that could be improved? None

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

9. Please tell us what you like least about the care you received.
none

Linda Price

November 13, 2014n

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	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.						?

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/nurse practitioner'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/nurse practitioner 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 OF THEM

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.

NICE FOLKS

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

NA

November 13, 2014

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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/nurse practitioner'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/nurse practitioner 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?
Adrian

7. Was there any aspect of your care that could be improved?
None! You guys are great!

8. Please tell us what you like best about the care you received.
Everyone is friendly + courteous. My appointment started on time and Dr. Jensen was very clear and kind. The nurses ~~are~~ were very helpful when answering my questions.

9. Please tell us what you like least about the care you received.
It was great. Thank you guys so much!

November 13, 2014

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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. JUST ON FIRST VISIT WAIT TIME.				✓		
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.

ALWAYS ATTENTIVE COMPASSION

	Poor (1)	(2)	(3)	(4)	Excellent (5)	N/A
You physician/nurse practitioner'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/nurse practitioner 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.						

JUST ONE QUESTION IN EMERGENCY SHOULD I GO TO 12TH / BOULDER - OR - MED?

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

Yes No ABSOLUTELY — PLEASE ADVISE / FORGOT TO ASK —

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

Yes No

6. Did any specific staff member stand out?

JUST THANK DR JENSEN FOR OUR "TALK TODAY" / I'M GLAD IF I

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

NEED TO TALK WE WORK THRU THINGS TOGETHER LIKE TODAY.

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

#6

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

— MY "ARTHRITIC FINGERS" / LOL —

November 13, 2014

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/nurse practitioner'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/nurse practitioner 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?

Yes - the information of Procedure of the diet - only got one of 3 bottles of Med that helped see Solops. ~~Can't think of name. Began~~ with T Was Called Tagital Was in package doing with the Diet!

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

Satisfactory

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

Meds where not Completed.

November 13, 2014

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/nurse practitioner'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/nurse practitioner 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. ATTENTION TO FACTS

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

November 13, 2014

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/nurse practitioner'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).					✓	

November 13, 2014

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/nurse practitioner 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?

Dr. Jensen on both occasions spent an exceptional amount of time talking and explaining

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

The only suggestion I have is make a link on your website to the patient portal. I had to refer to an email.

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.**

	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/nurse practitioner'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/nurse practitioner 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.

November 14, 2014n

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/nurse practitioner'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/nurse practitioner 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

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 fact that I was listened to

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

None

November 14, 2014n

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/nurse practitioner'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/nurse practitioner 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 good"

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.

Quick

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

November 14, 2014

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.						
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/nurse practitioner'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/nurse practitioner 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.

November 17, 2014

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/nurse practitioner'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).					✓	

November 17, 2014

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/nurse practitioner 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? THEY ALL HAVE BEEN GREAT!

7. Was there any aspect of your care that could be improved? NONE!

8. Please tell us what you like best about the care you received. IT RESTORED MY HEALTH.

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

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/nurse practitioner'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/nurse practitioner 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.					✓	
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/nurse practitioner'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/nurse practitioner 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 so very Nice

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.

Nursing staff getting ready for procedure front office staff and Dr. Jensen

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

All of it -

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/nurse practitioner'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/nurse practitioner 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?
Dr Jensen's nurse Adrian. Very helpful with the questions I had.

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.
Adrian gave me a possible alternative to a medication and other possibilities for my reflux disease.

9. Please tell us what you like least about the care you received.
Appointment ~~times~~ choices for procedures at LUH.

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/nurse practitioner'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/nurse practitioner 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?

NA

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.

Very Caring & Considerate :)

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

N.A

November 18, 2014

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/nurse practitioner'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/nurse practitioner 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.
Time doctor kept waiting and easy to talk to you about your care

9. Please tell us what you like least about the care you received.
None really!

November 18, 2014n

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.					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/nurse practitioner'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/nurse practitioner 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.

November 18, 2014n

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.				I dont have a Co-pay		

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/nurse practitioner'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/nurse practitioner 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?
Dr Jensan & Heather.

7. Was there any aspect of your care that could be improved?
none

8. Please tell us what you like best about the care you received.
The caring I got

9. Please tell us what you like least about the care you received.
none

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/nurse practitioner'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/nurse practitioner 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

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.					✓	
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/nurse practitioner'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/nurse practitioner 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

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.
Excellent care.

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