

# Patient Satisfaction Survey



Clinic Location: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Thank you for allowing us to serve you during your recent visit at Cleveland Foot and Ankle Clinic.

We are committed to constantly improving the quality of service programs you receive. To help us meet our goal, please take a minute to rate us in several areas. Thank you in advance for the time and thought you put into your responses. Together, we will make a difference.

In comparing our service programs to those available elsewhere, how would you rate us on the following:

	Poor	Fair	Good	Excellent
Courtesy in scheduling appointments				
Receptionist's telephone manner, friendliness				
Cleanliness of waiting room/facility				
Staff member's manner, friendliness				
Waiting time to see the doctor				
Doctor's manner, friendliness				
Doctor's explanation of diagnosis and treatment (is it understandable and complete?)				

**Comments/Suggestions**