

PRESCOTT CARDIOLOGY PATIENT SATISFACTION SURVEY

Dear Patient: According to our records, you recently visited our office. Please tell us your opinion about the service you received. We want to make your experience as pleasant as possible so we need your feedback helping us know where to improve. Your responses will be kept confidential. Thank you for your help!

PLEASE RATE THE FOLLOWING:

Does Not	Very				
Apply	Excellent	Good	Good	Fair	Poor
A. YOUR APPOINTMENT:					
1. Ease of making appointments by phone N/A	5	4	3	2	1
2. Appointment available in reasonable amount of time N/A		5	4	3	2 1
3. Getting care for illness as soon as you wanted it N/A	5	4	3	2	1
4. The efficiency of the check-in process N/A	5	4	3	2	1
5. Waiting time in the lobby N/A	5	4	3	2	1
6. Waiting time in the examination room N/A	5	4	3	2	1
7. Keeping you informed if your appointment was delayed N/A	5	4	3	2	1
8. Ease of getting a referral when you needed one N/A	5	4	3	2	1
B. OUR STAFF:					
1. The courtesy of the person who took your call N/A	5	4	3	2	1
2. The friendliness and courtesy of the receptionist N/A	5	4	3	2	1
3. The caring concern of our nurses/medical assistants N/A		5	4	3	2 1
4. The helpfulness of the people who assisted you with billing or insurance N/A	5	4	3	2	1
5. The professionalism of our technologists who conducted your test in our office N/A	5	4	3	2	1
C. OUR COMMUNICATION WITH YOU:					
1. Your phone calls answered promptly N/A		5	4	3	2 1
2. Getting advice or help when needed during office hours N/A	5	4	3	2	1
3. Explanation of your test/procedure (if applicable) N/A	5	4	3	2	1

4. Your test results reported in reasonable amount of time N/A	5	4	3	2	1	
5. Effectiveness of our health information printed materials N/A	5	4	3	2	1	
6. Our ability to return your calls in 4 hours or less N/A	5	4	3	2	1	
7. Your ability to contact us after hours N/A		5	4	3	2	1
8. Your ability to obtain prescription refills with 48 hours N/A	5	4	3	2	1	

D. YOUR VISIT WITH THE DOCTOR:

1. Willingness to listen carefully to you N/A		5	4	3	2	1
2. Taking time to answer your questions N/A	5	4	3	2	1	
3. Amount of time spent with you N/A	5	4	3	2	1	
4. Explaining things in a way you could understand N/A	5	4	3	2	1	
5. Instructions regarding medication and/or follow-up care N/A	5	4	3	2	1	
6. The thoroughness of the examination N/A	5	4	3	2	1	
7. Advice given to you on ways to improve your health and to stay healthy (diet, smoking, exercise, etc) N/A		5	4	3	2	1

Does Not			Very		
Apply	Excellent	Good	Good	Fair	Poor

E. OUR FACILITY:

1. Hours of operation convenient to you N/A	5	4	3	2	1	
2. Overall comfort of the facility N/A	5	4	3	2	1	
3. Adequate parking N/A	5	4	3	2	1	
4. Signs and directions easy to follow N/A		5	4	3	2	1

F. YOUR OVERALL SATISFACTION WITH:

1. Our practice N/A		5	4	3	2	1
2. The quality of medical care your received N/A	5	4	3	2	1	
3. Overall rating of your doctor N/A		5	4	3	2	1

Would you recommend Prescott Cardiology to others? ____YES ____NO

If "NO," please tell us

why: _____

Is there a way we can Improve our Services to you? If so, please tell us about it:

Please tell us some information about yourself (please circle your answer below):

GENDER	YOUR AGE	ARE YOU
Male	Under 18	A new patient
Female	18-30	A returning patient
	31-40	
	41-50	
	51-60	
	61-70	
	Over 71	

Thanks very much for your help!

You May Do One of the Following:

- 1. Hand-Deliver your Survey to the Receptionist***
- 2. Mail it to: Prescott Cardiology, ATTN: SURVEYS, 804 Ainsworth Drive, Suite 102, Prescott AZ 86301***
- 3. Fax it to us at: 928-776-0620***