

Blue Ridge Urogynecology

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 do better. Thank you!

I saw: Dr. _____

- 1) Please indicate your level of satisfaction with the following items related to you 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.**

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

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

	Excellent		Fair		Poor
Your physician/provider's listening skills.	5	4	3	2	1
His or her explanation of procedures, diagnoses or treatment regimen.	5	4	3	2	1

