

AT *DayOne* SERVICE IS THE KEY

Our service to you is extremely important, as is recognizing employees who provide exceptional care. Please tell us how satisfied you were today with the service we provided and comments on any employees you wish to recognize. Thank you.

Today's Date: _____

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---|----------------------|-----------------------|-----------------------|-----------------------|---------------------|
| The efficiency of our phone system when you call. Why? _____ | O | O | O | O | O |
| The office staff's courtesy when you call to schedule an appointment. | O | O | O | O | O |
| The friendliness and courtesy shown to you by the receptionist/front office staff. | O | O | O | O | O |
| The overall appearance and cleanliness of the reception area. | O | O | O | O | O |
| The length of time you spent waiting in the reception area before seeing a physician or physician assistant. | O | O | O | O | O |
| How long was your wait? | O 0-10 Minutes | O 11-20 Minutes | O 21-30 Minutes | O 31-45 Minutes | O 46+ Minutes |
| The overall appearance and comfort of your examination room. | O | O | O | O | O |
| The friendliness and courtesy shown to you by your nurse. | O | O | O | O | O |
| Your physician or physician assistant's desire to listen to you and your concerns. | O | O | O | O | O |
| Your physician or physician assistant's willingness to discuss your condition with you and answer your questions. | O | O | O | O | O |
| Your physician or physician assistant's explanation of procedure or treatments. | O | O | O | O | O |
| How would you rate your satisfaction with the personal manner of the physician or physician assistant you saw today? (respect, sensitivity, courtesy) | O | O | O | O | O |
| How would you rate your satisfaction with the time spent with the physician or physician assistant you saw today? | O | O | O | O | O |
| The friendliness and courtesy shown to you by our billing dept. | O | O | O | O | O |
| The office staff's assistance with insurance and other paperwork. | O | O | O | O | O |
| Your ability to understand your billing statements. | O | O | O | O | O |
| How would you rate your overall experience with <i>DayOne</i> . | O | O | O | O | O |

AT *DayOne* SERVICE IS THE KEY

What is your age?

Under 25 years

25-44 years

45-64 years

65 years or older

What is your gender?

Female

Male

Is there anything our practice can do to improve the care and services for you?

No, I'm satisfied
with everything

Yes, some things
can be improved

Yes, many things
can be improved

Please specify improvement: _____

Is there anyone in particular you would like to recognize for exceptional service and describe why?

Other comments _____

Your comments are welcome and appreciated. May we post your comments? Yes

No