Huntsville Pediatric & Adult Medicine
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PATIENT SATISFACTION SURVEY

Please rate your experiences with our clinic

Appointment Date: ______________**Name of Provider:** ____________________________________

	Poor	Fair	Great	N/A
Appointment Scheduling:				
Was your call answered promptly?	☐	☐	☐	☐
Did the scheduler greet you in a friendly manner?	☐	☐	☐	☐
Was your appointment scheduled within a reasonable time frame?	☐	☐	☐	☐
Check-in:				
Did the receptionist greet you with a smile?	☐	☐	☐	☐
Were you kept informed of any delays?	☐	☐	☐	☐
Clinical Area:				
Did the medical assistant greet you warmly?	☐	☐	☐	☐
Did the medical assistant seem knowledgeable?	☐	☐	☐	☐
Were your questions answered adequately?	☐	☐	☐	☐
Quality of Care:				
Did your provider listen to your concern(s)?	☐	☐	☐	☐
Did your provider explain your diagnosis?	☐	☐	☐	☐
Did your provider use language you could understand?	☐	☐	☐	☐
Did you feel your problem(s) were addressed adequately?	☐	☐	☐	☐

Wait Times:

How long did you wait in the reception area?	Minimal	Acceptable	Excessive
How long did you wait in the exam room?	Minimal	Acceptable	Excessive

Return Visits:

Will you see the same provider you saw today?	☐ Primarily	☐ Sometimes	☐ Never
Would you recommend this practice to friends and family?	☐ Yes	☐ No	
Would you recommend this provider to friends and family?	☐ Yes	☐ No	

Additional Comments:

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Thank you for taking the time to complete this survey!