

Health Care Survey

1. How would you rate your overall experience with our health care facility?

(1 being poor, 5 being excellent)

- 1 2 3 4 5

2. How satisfied were you with the following during your visit:

(1 being poor, 5 being excellent)

a. Check-In process

- 1 2 3 4 5

b. Wait time for your appointment.

- 1 2 3 4 5

c. Facility cleanliness

- 1 2 3 4 5

d. Staff professionalism and friendliness

- 1 2 3 4 5

3. How would you rate the quality of care provided by your healthcare provider?

(1 being poor, 5 being excellent)

- 1 2 3 4 5

4. Were all of your concerns and questions addressed during your visit?

(1 being poor, 5 being excellent)

- 1 2 3 4 5

5. How likely are you to recommend our healthcare facility to a friend or family member?

(1 being not likely at all, 5 being extremely likely)

- 1 2 3 4 5

6. Do you have any suggestions for improving our services or any additional services you would like to see offered?

A large, empty rectangular box with a thin black border, intended for the user to provide suggestions for improving services or additional services to be offered.