

\*\*\* IT IS NOT NECESSARY TO PLACE YOUR NAME ON THIS SURVEY !

## Patient Satisfaction Survey

*Directions: For each question, please circle the answer that most closely represents your view.*

### Section 1: Access to Services and Timeliness of Services

1. Which physician are you seeing today?
  - a. DeMarco
  - b. Edney
  - c. Genvert
  - d. Maull
2. Were you called and reminded about your appointment by the secretary?
  - a. yes
  - b. no
  - c. not applicable
3. Are you able to easily schedule an appointment with our office by telephone?
  - a. never
  - b. seldom
  - c. usually
  - d. always
4. Are the appointment times available during our current office hours convenient for you?
  - a. never
  - b. seldom
  - c. usually
  - d. always
5. Can you easily obtain medical information over the telephone?
  - a. never
  - b. seldom
  - c. usually
  - d. always
6. Do you have difficulty arranging transportation to appointments?
  - a. never
  - b. seldom
  - c. usually
  - d. always
5. When you visit our medical center, typically how many minutes after your appointment time do you wait in the lobby?
  - a. 0-20
  - b. 20-30
  - c. 30-45
  - d. 45 +

6. Typically, how many minutes do you spend waiting in the exam room before being seen by the provider?
  - a. less than 10
  - b. 10-20
  - c. 20-30
  - d. 30 +

### Section II: Office Staff Evaluation

1. Are the staff at the receptionist area courteous and friendly?
  - a. never
  - b. seldom
  - c. usually
  - d. always
2. Are the staff at the receptionist area helpful in explaining information to you?
  - a. never
  - b. seldom
  - c. usually
  - d. always
3. Are the staff at the receptionist area willing to arrange a payment plan if you need one?
  - a. never
  - b. seldom
  - c. usually
  - d. always

### Section III: Physician Evaluation

1. Is the physician courteous and friendly?
  - a. never
  - b. seldom
  - c. usually
  - d. always
2. Does the physician seem knowledgeable and skillful?
  - a. never
  - b. seldom
  - c. usually
  - d. always
3. Does the physician listen to you?
  - a. never
  - b. seldom
  - c. usually
  - d. always

**Section VI: Personal Information**

**Section VII: Patient Comments**

*The following questions will provide our office with useful information regarding our patients.*

1. How long have you or your child been a patient at our medical center?
  - a. first visit
  - b. less than 1 year
  - c. 1 – 3 years
  - d. more than 3 years
  
2. Why did you decide to enroll as a patient at our medical center?
  - a. recommended by a friend or relative
  - b. convenient
  - c. listing in telephone book
  - d. was unable to be seen elsewhere
  - e. other
  
3. What type of payments do you make to our medical center?
  - a. self-pay
  - b. private insurance
  - c. Medicare
  - d. Medicaid
  - e. Medicare and Medicaid
  - f. Medicare and Insurance
  
4. Are you a:
  - a. male patient
  - b. female patient
  - c. parent of minor child
  - d. person accompanying patient
  
5. What is your age?
  - a. under 21
  - b. 22 – 35
  - c. 36 – 50
  - d. 51 – 64
  - e. 65 +

1. What do you enjoy most about your care at Peninsula Urology Associates, P.A.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What aspects could we improve to better serve you as a patient?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. IF you would like a staff member to contact you regarding any other comments you may have, please leave your name and telephone number (otherwise leave this section blank).  
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