

ANONYMOUS PATIENT SATISFACTION SURVEY

Please take a few minutes to fill out this survey on the timeliness and quality of the service you receive in our office. Our office welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

Age: _____ Gender: Male Female Date: _____

How long have you been a patient in this practice? _____

Please answer each question by checking the box that best describes your answer.

1. How many times have you visited our office within the past year?

First visit 2-5 visits More than 6 visits

2. Did you schedule an appointment by phone or did you stop in?

Scheduled by phone Stopped by

3. How long did you wait on hold to speak to a staff member to make your appointment?

1 to 2 minutes 3 to 5 minutes 5 to 7 minutes Greater than 7 minutes

4. Overall, how often was the office staff as courteous and helpful as you expected?

Never Sometimes Usually Always

5. How easy was it to reach the office by phone?

Very difficult Difficult Easy Very Easy

6. How likely are you to request an appointment through our secure patient portal?

Not Very Likely Not Likely Would Need More Info Likely Very Likely

7. During the last 12 months, how difficult was it to get an appointment with your provider when you felt you needed care right away?

Very Difficult Difficult Easy Very Easy

8. In the last 12 months, how long did you have to wait for an appointment when you wanted to be seen right away?

Same day 1 Day 2 to 3 Days 4 to 7 Days Greater than 1 week

9. In general, how long do you wait in the waiting area beyond your scheduled appointment time?
- 0 to 15 minutes 15 to 30 minutes over 30 minutes
10. Overall, how long do you wait in the exam room before the physician appears?
- 0 to 15 minutes 15 to 30 minutes over 30 minutes
11. Were you able to see the doctor of your choice?
- No Yes
12. In general, do you feel that your doctor spends an adequate amount of time with you?
- No Yes
13. During the last 12 months, has your provider asked you if you felt sad, empty or depressed?
- No Yes
14. How often in the last 12 months has your provider talked to you about your healthcare goal?
- Never Sometimes Usually Always
15. How often in the last 12 months has your provider talked to you about issues in your life such as personal problems, family problems, alcohol and drug use?
- Never Sometimes Usually Always
16. Based on your past experience, how would you rate the doctors that take care of you?
- Inconsiderate Rushed Distracted Concerned Attentive
17. Overall, do you feel that your doctor does a thorough examination?
- No Yes
18. Overall, how would you rate your doctor's explanation of your condition and treatment options?
- Poor Needs Improvement Adequate Good Outstanding
19. Based on your past experiences, do you feel that your doctor includes you in your healthcare decisions?
- No Yes
20. Were all of your questions answered to your satisfaction?
- No Yes

Please share any additional comments.

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.

Please place your survey in the box labeled SURVEY in the reception area or hand to a staff member.

Thank you so much.

Primary Care NJ – Harvey R. Gross, MD PC