

PATIENT SATISFACTION SURVEY

BACKGROUND QUESTIONS

How did you hear about our practice?

- Dentist
 Family/Friend
 Advertisement
 Website
 Phone Book
 Other _____

In which office were you treated?

- Omaha - 132 & Birch
 Omaha - 92 & Center
 Council Bluffs
 Fremont
 Norfolk
 Atlantic
 Carroll

Which surgeon treated you?

- Andersen
 Auch
 Coffey
 Engel
 Heit
 Marshall
 Pfeifle
 Schneider
 Sears
 Wendt
 Wood

Why did you choose this doctor for your care?

- Reputation for quality care
 Location-close to home/office
 Insurance network
 Previous Visit
 Physician/Dentist Referral
 Other (please explain) _____

Have you visited our website, "omfacialsurgery.com"? Y N

If yes, did you find our website helpful? Y N

If not helpful, what would you like to see changed? _____

Patient's Age: Under 18 18-30 31 - 50 51-64 65+

If someone other than the patient is completing this survey, please fill this circle.

Date of visit:

_____ / _____ / _____
 month day year

How many **minutes** did you wait after your scheduled appointment time **before you were called to an exam room?**

- 0-10 min
 10-20 min
 20-30 min
 over 30 min

How many **days** did you wait to get an appointment? _____ days

How many **minutes** did you wait in the **exam room before you were seen by a surgeon?**

- 0-10 min
 10-20 min
 20-30 min
 over 30 min

A. ACCESS TO CARE	very good	good	fair	poor	very poor
	5	4	3	2	1

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Ease of scheduling your appointment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Courtesy of person who scheduled your appointment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Signage was helpful in locating the office | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Helpfulness on the telephone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Promptness in returning your phone calls | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Appointment was scheduled in a reasonable time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Courtesy and friendliness of billing staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

B. DURING YOUR VISIT

very good	good	fair	poor	very poor
5	4	3	2	1

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Ease of registration process | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Front office staff greeted me in a friendly, professional manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfort and pleasantness of the waiting area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Length of wait before going to an exam room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Comfort and pleasantness of the exam room | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Staff members were attentive to my needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Confidentiality was maintained throughout my appointment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Financial responsibilities were explained and handled in a respectful and pleasant manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

C. YOUR CARE PROVIDER

very good	good	fair	poor	very poor
5	4	3	2	1

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Friendliness/courtesy of care providers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Concern the surgeon showed for your questions or worries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Treatment options and procedures were fully explained and understandable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Home care instructions were fully explained and understandable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Amount of time the surgeon spent with you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Your confidence in the surgeon | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Likelihood of your recommending this surgeon to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

D. OVERALL ASSESSMENT

very good	good	fair	poor	very poor
5	4	3	2	1

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Overall cheerfulness of our practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Overall cleanliness of our practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall rating of care you received during your visit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Likelihood of you recommending our practice to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

What is one thing we do well? _____

What is one thing we should do better? _____

Patient's Name: (optional) _____

Telephone Number: (optional) _____

Would you like someone to contact you regarding any problems or concerns? Y N

If you have any questions or concerns, please contact Amanda at 402-390-0770 ext. 256