

# 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): \_\_\_\_\_

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## 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