

## **Patient Satisfaction Survey**

| Wl        | nat p   | rovider did you see today? |  |  |  |
|-----------|---|----------------------------|--|--|--|
|           |   | Jeffrey C. Hagedorn MD     |  |  |  |
|           |   | Donald E. Harris MD        |  |  |  |
|           |   | John P. Winikates MD       |  |  |  |
|           |   | Jyothi P. Varanasi MD      |  |  |  |
| Wl        | nat y   | ear were you born? (YYYY)  |  |  |  |
| ––<br>Ple | <br>lease select your gender:   |                            |  |  |  |
|           |   | Male                       |  |  |  |
|           |   | Female                     |  |  |  |
| 1.        | I was able to schedule an appointment on the day I wanted.                |                            |  |  |  |
|           |   | Strongly Disagree          |  |  |  |
|           |   | Disagree                   |  |  |  |
|           |   | Neither Agree nor Disagree |  |  |  |
|           |   | Agree                      |  |  |  |
|           |   | Strongly Agree             |  |  |  |
| 2.        | I made a list of my concerns before the visit with my care team.          |                            |  |  |  |
|           |   | Strongly Disagree          |  |  |  |
|           |   | Disagree                   |  |  |  |
|           |   | Neither Agree nor Disagree |  |  |  |
|           |   | Agree                      |  |  |  |
|           |   | Strongly Agree             |  |  |  |
| 3.        | My physician asked my thoughts on the treatment goals to which we agreed. |                            |  |  |  |
|           |   | Strongly Disagree          |  |  |  |
|           |   | Disagree                   |  |  |  |
|           |   | Neither Agree nor Disagree |  |  |  |
|           |   | Agree                      |  |  |  |
|           |   | Strongly Agree             |  |  |  |
| 4.        | My questions were answered in a way that I could understand.              |                            |  |  |  |
|           |   | Strongly Disagree          |  |  |  |
|           |   | Disagree                   |  |  |  |
|           |   | Neither Agree nor Disagree |  |  |  |
|           |   | Agree                      |  |  |  |
|           |   | Strongly Agree             |  |  |  |



| 5.  |    | as satisfied with the amount of time I spent with my physician. Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree             |
|-----|----|--|
| 6.  |    | physician is concerned about me as a person, not just my illness. Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree           |
| 7.  |    | ow my rights and responsibilities as a patient of this practice. Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree            |
| 8.  |    | n at ease asking questions about my healthcare concerns.  Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree               |
| 9.  | My | physician is a good listener. Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree   |
| 10. | My | physician tells me the common side effects for each of my treatment choices Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree |



| 11. | I ha | ave a say in decisions about my care.  |
|-----|------|--|
|     |      | Strongly Disagree  |
|     |      | Disagree   |
|     |      | Neither Agree nor Disagree   |
|     |      | Agree  |
|     |      | Strongly Agree   |
| 12. | l ar | n notified in a timely manner of test results after I have had lab work or x-rays. |
|     |      | Strongly Disagree  |
|     |      | Disagree   |
|     |      | Neither Agree nor Disagree   |
|     |      | Agree  |
|     |      | Strongly Agree   |
| 13. | Wh   | en I have questions about my bill, my questions are answered politely.             |
|     |      | Strongly Disagree  |
|     |      | Disagree   |
|     |      | Neither Agree nor Disagree   |
|     |      | Agree  |
|     |      | Strongly Agree   |
| 14. | l w  | ould refer my family and friends to this practice.                                 |
|     |      | Strongly Disagree  |
|     |      | Disagree   |
|     |      | Neither Agree nor Disagree   |
|     |      | Agree  |
|     |      | Strongly Agree   |
| 15. | Wh   | at do you like about the practice?   |
|     |      |  |
|     |      |  |
|     |      |  |
| 16. | Wh   | at would you improve about the practice?   |