

Today's date: _____/_____/2016

The below information is Optional:

Name: _____

Phone: _____

Would you like us to contact you?
 YES NO



Gwinn Hancock OB
 Sawyer Calumet
 Menominee Ontonagon
 Ice Lake Lake Linden
 Houghton Hancock Peds
 Hancock FP

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Patient Age: _____

Patient Race/Ethnicity:

- Asian
- Pacific Islander
- Black/African American
- American Indian/Alaska Native
- White (Not Hispanic or Latino)
- Hispanic or Latino (All Races)
- Unknown

Patient Sex:

Male

Female

Patient Provider at today's visit _____



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Degree to which you were informed about any delays	5	4	3	2	1
Appointments are offered within 24 hours of request	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Staff:					
Provider: (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explanation of care or your condition with you	5	4	3	2	1
Degree to which provider talked with you using words you could understand	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
You were provided a visit summary	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
Your visit summary was reviewed with you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Reception/ Front office					
Our concern for your privacy	5	4	3	2	1
Helpfulness of person who scheduled your appointment	5	4	3	2	1
Helpfulness of person who checked you in at the front desk	5	4	3	2	1
Courtesy of person who checked you out	5	4	3	2	1
Payment:					
Helpfulness of billing staff	5	4	3	2	1
Explanation of charges/payment options	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and noise level in exam room	5	4	3	2	1
Privacy in the exam rooms	5	4	3	2	1
Miscellaneous:					
How well staff protected your safety (by washing hands or using sanitizer)	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this center your regular source of care?	Yes ____		No ____		

What do you like best about our center? _____

What do you like least about our Center? _____

Suggestions for improvement? _____

Thank you for completing our Survey!