

Patient satisfaction survey

We are interested in your opinions about your visit today and about the care you received from your provider and the staff. Please rate each of the following things about this visit. (Mark one answer for each item).

For the questions below, circle a number from 1 to 5 to indicate how much you agree or disagree with each statement.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

The person on the phone put me at ease	1	2	3	4	5
The person on the phone was knowledgeable	1	2	3	4	5
The person on the phone was courteous	1	2	3	4	5
The amount of time that I waited to see a staff person was acceptable	1	2	3	4	5
In the waiting areas of the clinic, staff was very sensitive regarding my confidentiality	1	2	3	4	5
During the procedure, clinic staff showed respect for my privacy	1	2	3	4	5
The amount of time with the provider during the procedure was acceptable	1	2	3	4	5
The medications I received for pain management were adequate	1	2	3	4	5
The staff did enough to make me feel comfortable in the recovery room	1	2	3	4	5
I had enough privacy in the recovery room	1	2	3	4	5
I received as much attention from the staff that I wanted in the recovery room	1	2	3	4	5
I would rate my overall experience as positive	1	2	3	4	5

Please circle "Yes" or "No" to answer the questions below.

I received all of the information that I wanted about the procedure	Yes	No
I was given the opportunity to discuss all of my concerns and fears	Yes	No
I received information about emotions or physical reactions I may have after my procedure	Yes	No
I received information on birth control methods	Yes	No
I received information on sexually transmitted diseases	Yes	No
I received as much information and counseling as I wanted	Yes	No
The provider who performed the procedure made me feel comfortable	Yes	No
During the procedure, the pain was less than I expected	Yes	No
When I left to go home, I felt physically ready	Yes	No
I was told what problems to watch for after I left the clinic	Yes	No

Comments:
