NORTH ATLANTA ENT & ALLERGY

Patient Satisfaction Survey

We strive to provide a high level of customer satisfaction. Please help us by evaluating our performance at the time of your last encounter. This will help us understand whether or not we are meeting your needs.

Date of your last appointment _____ **Physician** _____

Please answer the following questions to rate your level of satisfaction with the service we provide.

Circle one number on each line: Poor = 1, Acceptable = 2, Good = 3, Excellent = 4.

		Poor			*Excellent*
1.	**Ease of reaching our office on the telephone**	**1**	**2**	**3**	**4**
2.	**The length of wait time to get into our office for appointment**	**1**	**2**	**3**	**4**
3.	**The convenience of our office location**	**1**	**2**	**3**	**4**
4.	**Length of time waiting at the office**	**1**	**2**	**3**	**4**
5.	**Friendliness of our business office and reception staff**	**1**	**2**	**3**	**4**
6.	**Friendliness of our nursing staff**	**1**	**2**	**3**	**4**
7.	**Time spent with the physician**	**1**	**2**	**3**	**4**
8.	**Explanation of your condition and treatment**	**1**	**2**	**3**	**4**
9.	**The thoroughness and competence of the physician**	**1**	**2**	**3**	**4**
10.	**The outcome of your medical care (how you were helped)**	**1**	**2**	**3**	**4**
11.	**The comfort and cleanliness of our office**	**1**	**2**	**3**	**4**
12.	**Our staff's regard for your confidentiality and privacy**	**1**	**2**	**3**	**4**
13.	**If you have the opportunity, will you recommend our office to family and friends?**	**1**	**2**	**3**	**4**

Comments and/or recommendations:

Name (optional):

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