



# *Dermatology Associates*

OF THE LOWCOUNTRY

## **PATIENT SATISFACTION SURVEY**

*As a courtesy to you, we are working on improving our patient services. Please take a few moments to complete our Patient Satisfaction Survey regarding the timeliness and quality of service you received on the date of your appointment (\_\_\_\_/\_\_\_\_/2012). We welcome any comments you wish to share. The Director of Patient Services is the only staff member to read this **CONFIDENTIAL** survey and is available during business hours if you wish to speak with someone directly. Please return the survey in the enclosed postage paid envelope. We truly value our patients and appreciate your participation in our survey. Thank you!*

1. How did you hear about our practice?
  - Referral from patient/friend: \_\_\_\_\_
  - Location of office
  - Referral from physician: \_\_\_\_\_
  - Yellow Pages
  - Magazine:  CH2  CB2
  - Newspaper:  Bluffton City Sun
  - Website
  - Other: \_\_\_\_\_
  
2. How were you greeted upon your initial phone contact with our office?
  - Courteously  Warmly  Indifferently  Rudely
  
3. Ease of scheduling an appointment via phone?
  - 
  - Very easy Very difficult
  
4. Upon your initial phone contact, how long did you wait to speak to a scheduling staff member?
  - 0 to 2 minutes  3 to 5 minutes  5 to 7 minutes  Longer
  
5. Did you have any problem scheduling an appointment?
  - No  Yes (please explain) \_\_\_\_\_
  
6. How would you rate the courtesy of the staff upon your arrival and during your wait?
  - 
  - Very courteous Indifferent Rude
  
7. Did you arrive for your appointment:  Early  On Time  Late
  
8. How long did you wait in the reception area beyond your scheduled appointment time?
  - 0 to 5 minutes  5 to 15 minutes  15 to 30 minutes  Over 30 minutes
  
9. How long did you wait in the exam room before a clinical staff member appeared?
  - 0 to 5 minutes  5 to 15 minutes  15 to 30 minutes  Over 30 minutes

Continued...

10. How would you rate the competence of the clinical staff that assisted you?  
 Outstanding       Good       Adequate       Needs Improvement       Poor       N/A

11. How would you characterize the concern our clinical staff showed for your need of treatment?  
 Outstanding       Good       Adequate       Needs Improvement       Poor       N/A

12. Were you able to see the health care provider of your choice?     Yes       No       N/A

Which Health Care Provider examined you? \_\_\_\_\_

13. Did you feel our health care provider spent an adequate amount of time with you?  
 Yes       No       N/A

14. Did you feel a thorough examination was conducted by our health care provider?  
 Yes       No       N/A

15. Did the health care provider satisfactorily answer your questions?     Yes       No       N/A

16. Would you recommend our facility?     Yes       No       N/A

17. Are our office hours convenient to your lifestyle?  
 Convenient       Extended Evening       Earlier Morning       \_\_\_\_\_  
Suggested Hours

18. How would you describe the appearance of our office?  
 Attractive       \_\_\_\_\_       Unattractive       \_\_\_\_\_  
Other

19. How would you describe the cleanliness of our office?  
 Outstanding       Good       Adequate       Needs Improvement       Poor       N/A

20. The convenience of our office location is:  
 Adequate       Inadequate       I would like an office in: \_\_\_\_\_

21. Which of our office locations was your appointment? \_\_\_\_\_

22. Do you have any suggestions for improvement? \_\_\_\_\_

23. Please share your zip code? \_\_\_\_\_

24. Please feel free to note any additional comments you wish to share. \_\_\_\_\_

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***Your Comments Will Allow Us To Improve Our Patient Services.  
Thank You For Your Participation!***

Please print and mail to:  
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