



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. \_\_\_\_\_

---

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