



# Associated Foot and Ankle Specialists of Ohio, Inc

## Patient Satisfaction Survey

We strive to deliver the highest quality care to you and your family. Please help us identify our strengths and weaknesses so that we may continue to serve you better. Your answers are strictly confidential.

### Please rate your appointment:

	Excellent	Good	Fair	Poor
Appointment availability (length of time from call to appt)				
Appointment convenience (location, doctor, day of week)				
Appointment scheduling process				
Waiting time in reception area				
Waiting time in exam room				

Comments: \_\_\_\_\_

### Please rate our facility:

	Excellent	Good	Fair	Poor
Cleanliness				
Comfort				
Parking				
Availability/Interest in reading material during your wait				

Comments: \_\_\_\_\_

### Please rate our staff:

	Excellent	Good	Fair	Poor
Friendliness and courtesy of front office				
Friendliness and courtesy of back office/medical assistants				

Comments: \_\_\_\_\_

### Please rate our communication:

	Excellent	Good	Fair	Poor
Telephone				
Website (www.AFASOhio.com)				
Registration forms				
Print media/brochures				
Reporting of test results				
Referrals (lab, x-ray, MRI, another physician consult, etc)				
Surgery scheduling				

Comments: \_\_\_\_\_

### Please rate our physicians:

	Excellent	Good	Fair	Poor
Attitude and conversation between our physician and you				
Discussion of diagnosis and treatment/options				
Questions answered to your satisfaction				
Overall satisfaction with your physician				

Name of doctor(s) you saw/have seen: \_\_\_\_\_

Comments: \_\_\_\_\_

### Please rate your overall satisfaction with our practice: (circle one)

	Excellent	Good	Fair	Poor

Comments: \_\_\_\_\_

Would you recommend this practice to a family member or friend?

yes      no

Would you like to be contacted by our office manager to discuss this survey?

yes      no

Name (optional): \_\_\_\_\_ Contact #: \_\_\_\_\_