

The Ear, Nose and Throat Surgical Associates

PATIENT SATISFACTION SURVEY

DATE SEEN: _____ PHYSICIAN: _____

LOCATION: ___ Winter Park ___ Altamonte Springs ___ Michigan Street ___ Celebration

We strive to give you the best quality medical care possible. To do that, it is important for us to get your opinions on the care you received. It would be very helpful to us if you took a few minutes to complete this brief survey and return it at the time of check out.

1. Convenience of making an appointment by phone.

A) Excellent B) Good C) Fair D) Poor

2. Length of time spent waiting in the reception area.

A) Less Than 15 Min. B) 15 to 30 Min. C) 30 to 45 Min. D) 45 Min. to 1 Hour

3. Professionalism and courtesy shown to you by physician.

A) Excellent B) Good C) Fair D) Poor

4. Professionalism and courtesy shown to you by the staff.

A) Excellent B) Good C) Fair D) Poor

5. Amount of time you had with physician and staff during visit.

A) Very Adequate B) Adequate C) Less Than Adequate D) Not Enough Time

6. Ease of checking in and payment process upon completion.

A) Excellent B) Good C) Fair D) Poor

7. Length of time between making an appointment and the day of the visit.

A) Same Day B) Less Than 1 Week C) 1-2 Weeks D) 2-3 Weeks

8. Did we communicate medical issues and procedures clearly?

A) Excellent B) Good C) Fair D) Poor

9. Was there anyone in particular who provided outstanding care?

Name: _____

10. If you were seen by one of our physicians at Florida Hospital:

a. How satisfied were you with their care?

A) Excellent B) Good C) Fair D) Poor

b. How would you rate your experience at the hospital?

A) Excellent B) Good C) Fair D) Poor

c. Would you recommend Florida Hospital to a relative or friend? A) Yes B) No

d. Would you like to speak with anyone regarding your experience at Florida Hospital? A) Yes B) No

If yes, list your name and contact number(s): _____

11. Overall quality of care and service at our office.

A) Excellent B) Good C) Fair D) Poor

12. Would you recommend us to a relative or friend? A) Yes B) No

13. Are you aware of our website at www.entorlando.com? ___ Yes ___ No

Have you accessed our website? ___ Yes ___ No

14. What information would you like to see on our website? _____

15. Did we fulfill your expectations? ___ Yes ___ No If No, what could we have done to meet those expectations?

16. What suggestions can you offer to help us improve visits for other patients?

Any Additional Comments: _____

NAME (optional) _____

We appreciate your patronage and value you as a patient.

Thank you for your time.

8/28/07