**PATIENT SATISFACTION SURVEY**

Your opinion matters to us. We would like your feedback on the services that we provide so we can make sure that we are

meeting your needs. All responses will be kept confidential and anonymous. Thank you for your time!



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check how well you think we are doing in the following areas: | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| The process of making an appointment and getting to the clinic was hassle-free. |  |  |  |  |  |
| Staff at the front desk were helpful and friendly. |  |  |  |  |  |
| The medical, nursing, and/or physician assistant program students were friendly and respectful. |  |  |  |  |  |
| The medical, nursing, and/or physician assistant program students addressed my health care needs/my reason for coming to the clinic. |  |  |  |  |  |
| The medical, nursing, and/or physician assistant program students adequately represented my reason for coming in to the physician. |  |  |  |  |  |
| The physician addressed my medical needs. |  |  |  |  |  |
| The physician addressed my concerns with understanding and compassion. |  |  |  |  |  |

What do you think we did well? If you had a good experience with us, please let us know what made it a good experience so we can keep it up for the rest of our patients!

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How can we improve your experience? Please write down any additional comments or suggestions you might have, especially if you marked “strongly disagree” in any area(s).

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