

Patient Satisfaction Survey

Your responses will help us provide the best service possible.

How likely is it that you would recommend us to a friend or colleague?

Highly Unlikely 0 1 2 3 4 5 6 7 8 9 10 **Very Likely**

- 1. Convenience of our office hours n/a Poor Fair Good Very Good Excellent
- 2. Ease of making your appointment n/a Poor Fair Good Very Good Excellent
- 3. Promptness with which you were seen by the doctor n/a Poor Fair Good Very Good Excellent
- 4. Thoroughness of care you received n/a Poor Fair Good Very Good Excellent
- 5. Clarity of Doctor's explanations n/a Poor Fair Good Very Good Excellent
- 6. Doctor's friendliness and courtesy n/a Poor Fair Good Very Good Excellent
- 7. Staff's friendliness and courtesy n/a Poor Fair Good Very Good Excellent
- 8. Help with understanding your insurance coverage n/a Poor Fair Good Very Good Excellent
- 9. Selection of eyeglass frames n/a Poor Fair Good Very Good Excellent
- 10. Knowledge/assistance of optical staff n/a Poor Fair Good Very Good Excellent
- 11. Comfort and cleanliness of office n/a Poor Fair Good Very Good Excellent
- 12. Overall satisfaction with your visit n/a Poor Fair Good Very Good Excellent
- 13. Will you be returning to see us? Uncertain No Yes
- 14. Would you recommend us to others? Uncertain No Yes

Please enter the doctor's name (if you saw the doctor)

How can we improve? Please enter any comments or suggestions below: You have 2000 characters remaining