Patient and Caregiver Survey

Our patients are always at the forefront of our minds. Your satisfaction on the overall care you and your loved one have received is important to us. Please help us continue improving our care by completing the following brief survey. We welcome your comments and encourage you to let us know how we are doing. Please return the completed survey to _____.

NOTE TO PROVIDER: If sending via mail, include prepaid postage envelope for return. Consider conducting this survey by phone.

Thank you,

_____

Which provider or provider(s) have you seen in the past 12 months?

☐ Provider #1 ☐ Provider #2 ☐ Provider #3 ☐ Provider #4 ☐ Provider #5 ☐ Provider #6

Please respond to the following questions based on your experience during the last 12 months.

	Yes	Uncertain	No
1. _____ informed me about how to contact a provider during evenings, weekends, and holidays.	☐	☐	☐
2. _____ services have reduced my trips to the Emergency Room and/or hospital	☐	☐	☐
3. _____ services have helped me achieve my goals	☐	☐	☐
4. Would you recommend _____to your family and friends?	☐	☐	☐

Based on your most recent visit from _____, please rate the following:

	Excellent	Very Good	Good	Fair	Poor
1. Level of support provided to your family and/or caregiver	☐	☐	☐	☐	☐
2. Provider spending adequate time with you and not seem rushed	☐	☐	☐	☐	☐
3. Provider's level of courtesy and friendliness	☐	☐	☐	☐	☐
4. Provider's explanation of your medical condition and treatment	☐	☐	☐	☐	☐
5. Provider's level of trustworthiness	☐	☐	☐	☐	☐
6. Provider's level of compassion and caring	☐	☐	☐	☐	☐
7. Ability to obtain a timely house call for an urgent problem	☐	☐	☐	☐	☐
8. Staff's level of courtesy and caring when the office is called	☐	☐	☐	☐	☐
9. Courtesy and friendliness of the nursing staff	☐	☐	☐	☐	☐
10. Overall quality of care provided by _____	☐	☐	☐	☐	☐

Is there anything about your experience with _____ that you would like to share?

_____

_____

_____

Thank you. Please return your response to the office in the postage-paid envelope provided.

Address:_____ **Phone:** _____ **Email:** _____