Patient Satisfaction Questionnaire

Date of visit: _____ dd / mm / yyyy **Department/clinic visited:** _____

Instructions: Please rate the following statements about your healthcare experience using this scale: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree

I was able to schedule my appointment easily.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The wait time to see the provider was reasonable.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The healthcare provider explained my condition and treatment clearly.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I felt my questions were answered thoroughly.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I was given adequate information about my medication or treatment plan.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The provider treated me with courtesy and respect.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I felt involved in decisions about my healthcare.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The provider spent enough time with me during the visit.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I felt confident in the provider's knowledge and expertise.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The provider conducted a thorough examination.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

The clinic or hospital was clean and well-maintained.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I felt comfortable and safe during my visit.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I am satisfied with the quality of care I received.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

I would recommend this provider or facility to others.

- ◯ 1 - Strongly disagree
- ◯ 2 - Disagree
- ◯ 3 - Neutral
- ◯ 4 - Agree
- ◯ 5 - Strongly agree

OPEN-ENDED QUESTIONS

What did you appreciate most about your visit?

What improvements would you suggest for future visits?

Additional notes - Specify below: