

# Patient Visit-Specific Questionnaire

Here are some questions about the visit you just made. In terms of your satisfaction, how would you rate each of the following?

Date: \_\_\_\_\_ (Completely fill in one circle in each line)

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EXCELLENT      VERY GOOD      GOOD      FAIR      POOR

1. How long you waited to get an appointment	(1)	(2)	(3)	(4)	(5)
2. Convenience of location of the office	(1)	(2)	(3)	(4)	(5)
3. Getting through to the office by phone	(1)	(2)	(3)	(4)	(5)
4. Length of time waiting at the office	(1)	(2)	(3)	(4)	(5)
5. Time spent with the person you saw	(1)	(2)	(3)	(4)	(5)
6. Explanation of what was done for you	(1)	(2)	(3)	(4)	(5)
7. The technical skills (thoroughness, carefulness, competence) of the person you saw	(1)	(2)	(3)	(4)	(5)
8. The personal manner (courtesy, respect, sensitivity, friendless) of the person you saw	(1)	(2)	(3)	(4)	(5)
9. The visit overall	(1)	(2)	(3)	(4)	(5)

Facility/Practice ID  
(Office Use Only)

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Physician Code  
(Office Use Only)

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