

LCHD Semi-Annual Patient Satisfaction Survey

Survey Question		5 Excellent	4 Good	3 Average	2 Fair	1 Poor
1	How easy it was to make an appointment					
2	Courtesy of the person who took your call					
3	Amount of time you spent waiting in our reception area.					
4	Amount of time you spent waiting in the exam room before your provider came in to see you					
5	Overall time spent in our clinic (from arrival to leaving)					
6	How well the nurse or medical assistant listened to you					
7	Concern the nurse or medical assistant showed for your problem(s)					
8	Concern the provider showed for your questions or worries					
9	Explanation of the care or treatment plan your provider gave you about your problem or condition					
10	The professionalism of our lab staff (if applicable)?					
11	Our helpfulness with scheduling referrals					
12	Your ability to get medical advice after hours					
13	Ease of contacting the clinic (eg email, phone, web portal)					
14	Overall rating of care from your provider					
15	How well the staff protected your safety (by washing hands, wearing ID etc.)					

Please answer Yes or No		Yes	No
16	Were you able to get an appointment within a reasonable amount of time?		
17	Are our hours of operation convenient for you?		
18	Was the front desk staff friendly and helpful?		
19	Were you kept informed of any delays related to your appointment?		
20	Did someone talk with you about your goals for your health?		

21	Was advice given to you on ways to stay healthy?		
22	Did our staff explain things in a way you could understand?		
23	Do you understand what we ask you to pay for your care?		
24	Do you feel what you pay is reasonable?		
25	Do you feel that we are your health/medical home?		

		1 Very Likely	2 Likely	3 Neutral	4 Unlikely	5 Very Unlikely
26	Likelihood of recommending our services/practice to family and friends					
27	Please let us know if you would like to recognize an outstanding employee or if there is anything we could have done better, to include improving the safety of your care, treatment or services. If you would like to be contacted by our staff, please leave your name and phone number.					
28	Please let us know if you have any comments or feedback on our program policies and services.					