WOMENS GROUP OF FRANKLIN, PLLC
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PATIENT SATISFACTION SURVEY

Your opinions are important to us. So that we may improve on our service to you and your family we ask that you please take a moment to fill out this survey.

Please Rate Your Appointment	**Please Check One**
1. The length of time required between your call for an appointment and when scheduled to be seen.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. The convenience of available appointments to your schedule.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
3. The waiting time in our reception area prior to being seen.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
4. The waiting time in the exam room prior to being seen by the doctor.	☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Please Rate Our Facility	
1. The convenience of our office hours and location.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. The cleanliness and comfort of the office itself.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
3. Our parking facilities.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
4. Availability of interesting reading material for you to read.	☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Please Rate Our Staff	
1. The friendliness and courtesy of our receptionists.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. The caring and courtesy of our nurses.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
3. The helpfulness and courtesy of our business and insurance office personnel.	☐ Excellent ☐ Good ☐ Fair ☐ Poor
4. The friendliness and courtesy of our ultrasound and laboratory staff.	☐ Excellent ☐ Good ☐ Fair ☐ Poor

Comments: _____

Please fill out the other side of this questionnaire.

Please Rate Our Communication

1. Your ease in reaching our office by telephone.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
2. Our timeliness in providing answers to your phone questions.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
3. The quality of information or medical advice we provide by phone.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
4. Describing tests and procedures to your prior to performing them.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
5. Timely reporting of your tests and procedure results.	☐ Excellent	☐ Good	☐ Fair	☐ Poor

Comments: _____

Please Rate Your Visit

1. The attitude and conversation between our physician and you.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
2. Discussion of diagnosis and treatment options so that you understood your choices.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
3. The completeness of the examination in light of your stated medical problem.	☐ Excellent	☐ Good	☐ Fair	☐ Poor
4. The overall satisfaction with your physician.	☐ Excellent	☐ Good	☐ Fair	☐ Poor

Comments: _____

Please Rate Your Overall Satisfaction

Your overall satisfaction with our practice.	☐ Excellent	☐ Good	☐ Fair	☐ Poor

Comments: _____

Please Complete the Following Patient Information

Would you recommend this practice to a family member or friend? ☐ Yes ☐ No

How many years have you been a patient in our practice? _____

How did you hear about us?

☐ Family Member ☐ Friend or Co-Worker ☐ Nashville Parent ☐ The Baby Guide ☐ Yellow Pages

☐ The Internet ☐ Another Physician ☐ Other _____

Comments or Suggestions:

_____

_____