

Sample Patient Satisfaction Survey

How did we do?

(1= Lowest, 4= Highest)

1. Were you greeted in a prompt friendly manner?
1 2 3 4
2. Was your provider sensitive to your concerns?
1 2 3 4
3. Was your treatment clearly explained?
1 2 3 4
4. Was it easy to schedule an appointment?
1 2 3 4
5. How would you rate your overall experience?
1 2 3 4
6. Would you return to our practice in the future?
1 2 3 4
7. Would you refer a friend or family member to our practice?
1 2 3 4

