

# **P**ATIENT SATISFACTION QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Dear Patient,

Have you been wanting to tell us what you think? We'd love to know! Will you please help us improve our patient care by completing this anonymous questionnaire? We welcome your comments!

## **I. OFFICE STAFF AND PROCEDURES**

A. In your initial contact by phone, were our receptionists:

- courteous?  Yes  No

- helpful?  Yes  No

B. During your visits to the office, were our receptionists:

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  Yes  No

D. What was your source of referral to our practice? If more than one applies, please indicate order of importance.

Family/Friend \_\_\_\_\_

Physician \_\_\_\_\_

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## **II. THE CONSULTATION PROCESS**

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

C. Was accreditation of the surgeon important to you?

D. Was accreditation of the facility important to you?

E. What do you think of our brochure and letters?

F. Did you consider another plastic surgery office?  Yes  No

If yes, why did you choose our office rather than the others?

If no, why did you only consider our office?

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## **III. NURSING STAFF AND SURGERY SCHEDULING**

- A. In your initial visit to our office, were our nurses:
- informative?  Yes  No
  - caring?  Yes  No
  - professional?  Yes  No
- B. Were your financial arrangements made in a professional and unembarassing manner?
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
- D. Do you feel the nursing staff was easily accessible if you had a question or concern?
- E. What do you think about the pre-operative package and post-op instructions?
- F. Is there anything the nursing staff could have done to improve your experience?

## **IV. PHYSICIAN AND SURGERY**

- A. Was your surgeon's surgical treatment:
- knowledgeable?  Yes  No
  - caring?  Yes  No
  - thorough?  Yes  No
  - professional?  Yes  No
  - patient?  Yes  No
- B. Did your pre and post-operative care meet your needs?
- C. How do you feel about your surgical result?
- D. Is there anything your surgeon could have done to improve your experience?

## **V. FOLLOW UP**

- A. If there were a need for you to have plastic surgery again, would you return to our office?
- B. Do you recommend our office to your friends or relatives considering plastic surgery?

## **VI. We welcome your comments and suggestions:**

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Name (optional): \_\_\_\_\_ Telephone # \_\_\_\_\_