

NORTHLAND CARDIOLOGY PATIENT SATISFACTION SURVEY

We would like your opinion of our services. Please answer the questions listed below and return the survey to one of our employees, or drop it in the mail to us. Your response will help us achieve our goal of providing quality medical care that meets your needs. Thank you for your time.

1. Was this your first visit to our clinic? Yes No
2. How did you hear about us?
- Family/Friend Physician Ins. Co, Phone Book Referral Line Other
3. The provider who treated me this visit was:
- Dr. Barr Dr. Chapman Dr. Farrar Dr. Gimple Dr. Hahn Dr. Hawa
 Dr. Jones Dr. Miller Dr. Mitchell Dr. Montgomery Dr. Notestine Dr. Rigden
 Dr. Starr

PLEASE RATE US ON THE FOLLOWING:

- Response Definitions:** **SD**=Strongly Disagree **D**=Disagree **N**=Neutral **A**=Agree **SA**=Strongly Agree
- | | SD | D | N | A | SA |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. My telephone calls to this office are handled in prompt, polite, and professional manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The office hours are convenient for my schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I was greeted promptly upon my arrival and treated with respect. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The Billing Department handled any questions about my account politely and accurately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The nursing staff treated me professionally and showed concern for my problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The amount of time the provider spent with me was acceptable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. During my visit, the provider explained my illness and treatment adequately. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am notified of my test results within a reasonable amount of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The length of time I waited to see the provider after my scheduled appointment was: | | | | | |
| <input type="checkbox"/> 0-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 31-45 minutes <input type="checkbox"/> 46-60 minutes <input type="checkbox"/> More than 60 minutes | | | | | |
| 13. I would recommend this clinic to my friends and family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide additional comments below. Thank you for your time.