**Practice NAME**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which healthcare provider did you see today? Please circle the provider:**

**Dr. YY Dr. XX**

**Our goal is to provide the best care to our patients. Please take a moment to let us know how we are doing.   
Please circle your answers to the following questions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How satisfied are you with the following?** | **Extremely Satisfied** | **Satisfied** | **Neither Satisfied nor Dissatisfied** | **Dissatisfied** | **Extremely Dissatisfied** |
| 1. I can schedule an appointment or contact my provider easily. | 5 | 4 | 3 | 2 | 1 |
| 2. I always obtain an appointment for sick visits as soon as needed. | 5 | 4 | 3 | 2 | 1 |
| 3. I feel the office hours are convenient for me. | 5 | 4 | 3 | 2 | 1 |
| 4. My provider listens to me and answers my questions clearly. | 5 | 4 | 3 | 2 | 1 |
| 5. I feel respected by the staff. | 5 | 4 | 3 | 2 | 1 |
| 6. I always receive results for my lab and imaging tests. | 5 | 4 | 3 | 2 | 1 |
| 7. I understand my medications. | 5 | 4 | 3 | 2 | 1 |
| 8. I feel that all my health care needs are addressed. | 5 | 4 | 3 | 2 | 1 |
| 9. I receive the support I need to manage my health well. | 5 | 4 | 3 | 2 | 1 |
| 10. I receive educational information from my provider, when necessary. | 5 | 4 | 3 | 2 | 1 |

**Comments:**