

PATIENT SURVEY QUESTIONNAIRE

PATIENT'S NAME:

DATE:

PARENT'S NAME:

1=Very Satisfied 2=Somewhat Satisfied 3=Somewhat Unsatisfied 4=Very Unsatisfied

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| 1. Did you receive the courteous attention you expected? | 1 | 2 | 3 | 4 |
| 2. Was a complete history taken and examination completed? | 1 | 2 | 3 | 4 |
| 3. Was the need for treatment adequately explained? | 1 | 2 | 3 | 4 |
| 4. Were financial arrangements made to your convenience? | 1 | 2 | 3 | 4 |
| 5. Were you kept informed of treatment progress? | 1 | 2 | 3 | 4 |
| 6. Were we prompt in rendering treatment each visit? | 1 | 2 | 3 | 4 |
| 7. Were you given oral hygiene instruction? | 1 | 2 | 3 | 4 |
| 8. Did you or your child feel that you were treated gently? | 1 | 2 | 3 | 4 |
| 9. Are you pleased with the results? | 1 | 2 | 3 | 4 |
| 10. Did you feel we were interested in you as a person? | 1 | 2 | 3 | 4 |
| 11. Did you always reach us when you called (busy, machine, etc.) ? | 1 | 2 | 3 | 4 |
| 12. Is our staff respectful and understanding? | 1 | 2 | 3 | 4 |
| 13. Is our office neat, clean, pleasant and attractive? | 1 | 2 | 3 | 4 |
| 14. Are there any comments you would like to make, or anything else you can suggest that would improve our service or communication? | 1 | 2 | 3 | 4 |

Your compliments and suggestions are appreciated. Your feedback will assist us in providing better service to all of our patients. Thank you!

Sincerely,
Dr. John Stieber & Team