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## GFC PATIENT SATISFACTION SURVEY

*Here are some questions about your visit to our office today. We would like to know how you would rate each of the following*

### **Today's Visit:**

1. The wait to get an appointment

Excellent       Very Good       Good       Fair       Poor

2. Convenience of the location of the office

Excellent       Very Good       Good       Fair       Poor

3. Getting through to the office by phone

Excellent       Very Good       Good       Fair       Poor

4. Length of time waiting at the office to be seen

Excellent       Very Good       Good       Fair       Poor

5. Time spent with the person (provider) you saw

Excellent       Very Good       Good       Fair       Poor

6. Explanation of what was done for you

Excellent       Very Good       Good       Fair       Poor

7. The technical skills (thoroughness, carefulness, competence) of the person you saw

Excellent       Very Good       Good       Fair       Poor

8. The personal manner (courtesy, respect, sensitivity, friendliness) of the person you saw

Excellent       Very Good       Good       Fair       Poor

9. How would you rate your clinician's sensitivity to your special needs or concerns?

Excellent       Very Good       Good       Fair       Poor

10. How would you rate your satisfaction with getting the help that you needed?

Excellent       Very Good       Good       Fair       Poor

11. How do you feel about the quality of the visit overall?

Excellent       Very Good       Good       Fair       Poor

**General Questions:**

12. If you could go anywhere to get health care, would you choose this office practice or would you prefer somewhere else?

- Would choose this practice       Would go somewhere else       Not sure

13. "I am delighted with everything about this practice because my expectations for service and quality of care are exceeded."

- Agree       Disagree       Not sure

14. In the last 12 months, how many times have you gone to the emergency room for your care?

- None       One Time       Two Times       Three or more times

15. In the last 12 months, was it always easy to get a referral to a specialist when you felt like you needed one?

- Yes       No       Does not apply

16. In the last 12 months, how often did you have to see someone else when you wanted to see your personal doctor or nurse?

- Never       Sometimes       Frequently

17. Are you able to get your appointments when you choose?

- Never       Sometimes       Always

18. Is there anything our practice can do to improve the care and services for you?

- No, I'm satisfied with everything
- Yes, some things can be improved (please specify) \_\_\_\_\_
- Yes, lots of things could be improved (please specify) \_\_\_\_\_

19. Would you recommend this practice to others?

- Yes       No       Unsure

**About You:**

20. In general, how would you rate your overall health?

- Excellent       Very Good       Good       Fair       Poor

21. What is your age?

- Under 25       25- 44       45- 64       65 or older

22. Are you male or female?

- Male       Female