



# THOMAS SKIN SURGERY

## Patient Satisfaction Survey

Dear Patient:

Our goal is to provide you with the highest quality care in a pleasant and friendly environment. To achieve this goal, we constantly measure and evaluate our results. To do this, we need your help. Please take a few moments to complete this survey. Your signature is not required, and all responses will be kept strictly confidential.

We review all comments. When possible, we adapt our policies to incorporate the suggestions that you give us for improvement or change. We want you to feel free to comment about issues concerning your care and comfort. Thank you for your assistance.

Best Wishes,

Julian M. Thomas, M.D. and Staff

**Instructions:** Circle the number that best represents your feelings. If the question does not apply to your experience here, skip to the next question. Space is provided for you to comment on your experience.

<b>Scheduling</b>	Very Poor	Poor	Fair	Good	Very Good
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1) If you called our office to schedule, rate the courtesy of the person with whom you spoke:	1	2	3	4	5
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How could we improve? \_\_\_\_\_

2) Please rate the usefulness of our brochure:	1	2	3	4	5
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How can the brochure be more helpful? \_\_\_\_\_

<b>Upon your arrival</b>	Very Poor	Poor	Fair	Good	Very Good
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1) Rate the courtesy & helpfulness of the person who checked you in:	1	2	3	4	5
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What could we have done better? \_\_\_\_\_

\_\_\_\_\_

**Upon your arrival (cont'd)**

- 2) How long from your **scheduled** appointment time did you have to wait to see the Doctor?      \_\_\_under 15 min      \_\_\_15-30 min      \_\_\_over 30 min

**Nurses**

Very Poor    Poor    Fair    Good    Very Good

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1) Rate the friendliness and courtesy of the nurses:              | 1 | 2 | 3 | 4 | 5 |
| 2) Please rate how the nurses answered questions:                 | 1 | 2 | 3 | 4 | 5 |
| 3) Rate how well the nurses kept you informed throughout the day: | 1 | 2 | 3 | 4 | 5 |

How could we improve in these areas? \_\_\_\_\_  
 \_\_\_\_\_

**Physician**

Very Poor    Poor    Fair    Good    Very Good

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1) Please rate the friendliness and courtesy of the physician:                                 | 1 | 2 | 3 | 4 | 5 |
| 2) Rate the physician's concern for questions and worries:                                     | 1 | 2 | 3 | 4 | 5 |
| 3) Rate the extent to which the physician talked with you using language you could understand: | 1 | 2 | 3 | 4 | 5 |

How could the physician improve in these areas? \_\_\_\_\_  
 \_\_\_\_\_

- 4) Did you understand your diagnosis and the reason for the type of surgery that you had?  
 \_\_\_yes \_\_\_no    Explain: \_\_\_\_\_
- 5) Do you feel that you received the best possible care?  
 \_\_\_yes \_\_\_no    Explain: \_\_\_\_\_
- 6) Are you satisfied with the results of the surgery?  
 \_\_\_yes \_\_\_no    Explain: \_\_\_\_\_

<b>Discharge</b>	Very				Very
	Poor	Poor	Fair	Good	Good

1) How well did you understand how to care for Your wound and/or dressing once you got home?      1      2      3      4      5

2) Did you need information which was not provided by the nurse or instruction sheet?      1      2      3      4      5

How can we make the wound care instructions better? \_\_\_\_\_  
 \_\_\_\_\_

3) If you called our office for help after surgery, were your questions answered to your satisfaction?      1      2      3      4      5

How could we have provided you with more assistance? \_\_\_\_\_

<b>Billing Services</b>	Very				Very
	Poor	Poor	Fair	Good	Good

1) Please rate the billing accuracy and effectiveness:      1      2      3      4      5

2) If you were in direct contact with our billing service, please rate courtesy and helpfulness:      1      2      3      4      5

3) Did the billing service make any mistakes?       yes       no      Explain: \_\_\_\_\_

What aspect of billing could we improve upon? \_\_\_\_\_

<b>Personal Issues</b>	Very				Very
	Poor	Poor	Fair	Good	Good

Rate our response to your concerns during your visit:      1      2      3      4      5

How could we have responded better? \_\_\_\_\_  
 \_\_\_\_\_

Were there any staff members who were especially helpful that you would like to mention? \_\_\_\_\_  
 \_\_\_\_\_

If you made a suggestion/complaint, would you mind a follow-up phone call?       yes       no

If so, please leave your name and phone number where we can reach you during the day: \_\_\_\_\_  
 \_\_\_\_\_