



Patient Survey Example

This is an extra resource to go along with the original article:
[Why feedback is important for your practice \(and how to collect it\)](#)

For the purpose of this example, you'll see a variety of question types below. The type of format you use will depend on your specific questions, so feel free to use multiple types within your survey. Just be sure you keep scaled questions consistent to avoid any confusion.

Example:

[Patient name],

Thank you for taking the time to complete the brief survey below. We value your opinion and greatly appreciate your feedback!

1. How did you hear about our practice?

2. On a scale of 1 to 5 (with 5 being easiest), how easy was it to schedule your appointment?

3. Did you appreciate being able to complete your intake forms online prior to your appointment? Please let us know if you'd like to continue to do that for future appointments.

Y N

4. Were you told what to expect at your appointment (directions, parking, things you need to bring/wear, etc.)? If not, please tell us what you would have liked to know.

Y N

5. Approximately how long did you have to wait before being seen? Please select one. 0-5 minutes.

5-10 minutes 10-20 minutes 20+ minutes

6. How was your interaction with the staff? Please provide two words to describe each.

- Front desk:
- Nurse/Technician:
- Physician:

7. On a scale of 1 to 5 (with 5 being the most comfortable), how comfortable did you feel during your appointment?



8. Was each step of the appointment clearly explained to you throughout your visit? If not, please explain.

Y

N

9. How satisfied were you with your appointment/procedure? (1=Not Satisfied; 2=Somewhat Satisfied; 3=Satisfied; 4=Very Satisfied; 5=Exceeded Expectations)

10. Did you leave the appointment with a clear understanding of next steps? If not, what did we miss?

Y

N

11. If appropriate, did you receive a follow-up?

12. If applicable, did you receive a call to schedule your next appointment?

13. We always want to ensure you have a positive experience. Please provide any additional comments or potential areas of improvement.

14. How likely are you to recommend our practice to family or friends? (1=Not Likely; 2=Somewhat Likely; 3=Likely; 4=Very Likely; 5=Definitely)

15. If you selected a 4 or 5 above, please consider writing us a review on (online review site of your choice) and on our Facebook page.

The survey is complete. Thank you again for your input!