

# Patient Satisfaction Survey

We at Lone Star Allergy & Asthma Center would appreciate just a few moments of your time to let us know how we are doing in serving you. Through this survey, we hope to obtain information necessary to provide you with the quality care you deserve now and in the future. This survey is confidential and anonymous.

1. Which health care professional did you visit today?

2. Do you feel that your visit was worth what you paid?

Definitely Yes	Probably Yes	Probably Not	Definitely Not
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3. Do you feel that your concerns were addressed by each of the following:

**A. The business office staff:**

Definitely Yes	Probably Yes	Probably Not	Definitely Not
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**B. The nursing staff:**

Definitely Yes	Probably Yes	Probably Not	Definitely Not
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**C. The physician:**

Definitely Yes	Probably Yes	Probably Not	Definitely Not
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4. During your visit, were all of your questions answered to your satisfaction?

Yes	No
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5. Please rate each of the following:

**A. Contacting the office by telephone:**

Excellent	Good	Fair	Poor
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**B. The length of time you waited to get an appointment:**

Excellent	Good	Fair	Poor
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**C. The convenience of our office location:**

Excellent	Good	Fair	Poor
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**D. The length of time you spent in the waiting area:**

Excellent	Good	Fair	Poor
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**E. The length of time you spent with the physician:**

Excellent                                      Good                                      Fair                                      Poor

6. Please rate the technical skills, thoroughness, and competence of each of the following:

**A. The business office staff:**

Excellent                                      Good                                      Fair                                      Poor

**B. The nursing staff:**

Excellent                                      Good                                      Fair                                      Poor

**C. The physician:**

Excellent                                      Good                                      Fair                                      Poor

7. Please rate the personal manner (courteousness, friendliness, respectfulness) of each of the following:

**A. The business office staff:**

Excellent                                      Good                                      Fair                                      Poor

**B. The nursing staff:**

Excellent                                      Good                                      Fair                                      Poor

**C. The physician:**

Excellent                                      Good                                      Fair                                      Poor

8. Please rate the overall experience of your visit:

Excellent                                      Good                                      Fair                                      Poor

9. Would you recommend Lone Star Allergy & Asthma Center to your family and friends?

Definitely Yes                                      Probably Yes                                      Probably Not                                      Definitely Not

10. Feel free to give us any additional thoughts, comments, or suggestions (attach additional sheet if necessary):