Foothill Community Health Center

Clinic
(Address)

PATIENT SATISFACTION SURVEY QUESTIONS

Date of conducting survey: _____

Individual conducting survey: _____

Please complete items 1-2:

1. Date and Time of visit: _____

What type of visit? *Please circle your response*

Medical Dental Behavioral Health Optometry Podiatry CPSP/ObGyn Chiropractic

Rate your care experience with the following: *Please circle your response*

Questions	*Strongly Disgree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1. Was it easy to make an appointment?	1	2	3	4	5
2. Was the front desk courteous and answer all your questions?	1	2	3	4	5
3. Did the front desk advise on which insurance will cover for today's appointment?	1	2	3	4	5
4. Were you seen within a short time of your scheduled appointment?	1	2	3	4	5
5. Was the back office staff friendly and helpful?	1	2	3	4	5
6. Did your doctor listen carefully to your problem?	1	2	3	4	5
7. Did your doctor provide you with good care?	1	2	3	4	5
8. Would you send your friends to our clinic for care?	1	2	3	4	5

Are there any Comments you would like to make?

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Thank you for taking part in this survey. Please remember all answers are confidential!