

# Karen R. Banks-Lindner DO, PLLC

## Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

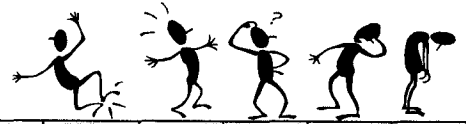
Name: (Optional) \_\_\_\_\_

Your Age: \_\_\_\_\_ Your Sex: Male or Female



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Ease of getting care:</b>					
Availability to be seen by: Dr. Karen Banks-Lindner DO	5	4	3	2	1
Availability to be seen by: Michele Provost MPAS, RPA-C	5	4	3	2	1
Hours Office is open	5	4	3	2	1
Convenience of location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed by our office	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<i>Provider: (Physician, Physician Assistant, Nurse Practitioner)</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

**Over** →



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>All Others:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Payment :</b>					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<b>Location:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this Office your regular source of care?	Yes _____ No _____				

What do you like best about our Office? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like least about our Office? \_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing our Survey!**