

Patient Satisfaction Survey

Please tell us what you think about the service you received. Your answers will be kept private. When you have finished the survey, please place it in the comment box. Thanks for your help.

Today's Date: _____

1. Location of CareSouth for this visit: Baton Rouge Donaldsonville Plaquemine Zachary Other: _____

2. Service(s) receiving/received this visit: Medical Dental Behavioral Health Pediatrics WIC Lab Only
 Other: _____

3. Please tell us about yourself (*Please circle your answers or fill in blank*):

Are you:

- A new patient
 A returning patient

Your Gender:

- Male
 Female

Your health insurance:

- Medicaid No Health Insurance
 Medicare Other: _____

Please **circle** how well you think we are doing:

 **Great**
  **Good**
  **Ok**
  **Fair**
  **Poor**
Applicable

4. Overall satisfaction with my visit	5	4	3	2	1	0
5. Waiting check-in time	5	4	3	2	1	0
6. Waiting time in exam room	5	4	3	2	1	0
7. Staff listens to you/answers your questions	5	4	3	2	1	0
8. Treatment is given in a timely manner	5	4	3	2	1	0
9. Provider/Staff is friendly and helpful to you	5	4	3	2	1	0
10. Explanation of payment and charges	5	4	3	2	1	0
11. Wait room/reception was comfortable	5	4	3	2	1	0
12. The exam rooms and restrooms were clean	5	4	3	2	1	0
13. Facility comfortable and safe while waiting	5	4	3	2	1	0
14. Keeping my personal information private	5	4	3	2	1	0
15. Provider/staff notify me of medication and medication changes	5	4	3	2	1	0
16. Provider/staff informs me of referrals (i.e., specialist, outside agencies)	5	4	3	2	1	0
17. Provider/staff let me know about my lab results timely	5	4	3	2	1	0

18. Has the cost of doctor/dental visit delayed you from getting care at CareSouth? Yes No

19. Please estimate your wait time once you checked in with staff.

0-15 min
 15-30 min
 30-45 min
 45-60 min
 more than 60 min

20. Time of day you visited the clinic. Morning Afternoon Evening

21. Why did you choose CareSouth? Convenient Location No Insurance Great Providers & Staff
 Affordable It was recommended Hours Opened

22. Would you return to the center for future care? Yes No

If no, please tell us why: _____

23. Would you refer others to our center? Yes No

If no, please tell us why: _____

24. Please share your suggestions for improvement with us! _____

THANK YOU!