

Thank you for choosing to visit the Renaissance Women's Group. Please help us improve our service to you by filling out this questionnaire. Your responses will be confidential and not a part of your medical record. We would prefer that you give us your name; however this is optional if you prefer not to identify yourself.

Scheduling Your Appointment

Were you able to get through on the phone easily to schedule?

Yes No

How easy was it to make an appointment by telephone?

Very easy Average Very difficult

How long did you wait to speak to a scheduling staff member?

0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

Were you greeted you in a warm/friendly manner?

Yes No

Was the person who scheduled your appointment courteous and helpful?

Very courteous Average Rude

Were you able to schedule an appointment with the physician/provider you wanted?

Yes No

Day of Your Appointment

How would you rate the courtesy of the staff at the reception desk?

Very Attentive Friendly Distracted Rushed Inconsiderate Rude
courteous

How long did you wait in the reception area beyond your scheduled appointment time?

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

Were you kept informed as to any delays in seeing you?

Yes No

How long did you wait in the exam room before the physician/provider appeared?

0 to 5 minutes 5 to 20 minutes 20 to 40 minutes Other _____

How would you rate the courtesy of the medical assistant staff?

Very Attentive Friendly Knowledgeable Rushed Inconsiderate Distracted Rude
courteous

The Doctor

Were you able to see the doctor/provider of your choice?

Yes No N/A

Did your doctor/provider call you by name?

Yes No

Did you feel that your doctor/provider spent an adequate amount of time with you?

Yes No N/A

Mark the boxes that characterize the demeanor of your doctor/provider:

Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor/provider?

Outstanding Good Adequate Needs improvement Poor N/A

Did you feel that your doctor's/provider's examination was thorough?

Yes No N/A

Please rate the clarity of the doctor's/provider's explanation of your condition and treatment options:

Outstanding Good Adequate Needs improvement Poor N/A

How well did your doctor include you in healthcare decisions?

Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

Yes No N/A

Overall did you feel like you received personalized and individual attention during your visit?

Yes No

Communication with Nursing Staff by Phone

How easy was it to reach the nurse or leave a message?

Very easy

Average

Very difficult

Mark the boxes that characterize the demeanor of the nursing staff:

Attentive

Concerned

Friendly

Distracted

Rushed

Inconsiderate

How would you rate the competence of the nurse who helped you?

Outstanding

Good

Adequate

Needs improvement

Poor

N/A

How would you characterize the concern that the nurse showed for your problem?

Outstanding

Good

Adequate

Needs improvement

Poor

N/A

Did the nurse respond to your requests within a reasonable period?

Yes

No

Additional Information

Which of the following describes how you chose or were sent to your RWG doctor?

Reputation of
the Doctor

Another
doctor
referred
me

Family/Friend
recommendation

Insurance Company
referred me

Yellow
pages

Would you recommend RWG to your family and friends?

Yes

No

Personal Information

Providing the following information is optional.

Name: _____ Telephone: _____

Would you like someone to contact you regarding your responses on this survey?

Yes

No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.