

Client Satisfaction Survey

We are interested to learn how your visit to our office went today. Please take a few moments to fill out this questionnaire. Our goal is to always deliver exceptional care and we hope we accomplished that for you. Please send this questionnaire back to [practice name] If you were not satisfied with your visit, we hope to make that right as soon as possible and you can contact [practice phone] where you will be assisted immediately. Thank you for your time!

Please rate each of the following (circle):

1. The convenience of the office location Excellent Good Poor

Suggestion: _____

2. Accessibility of the office and spaces Excellent Good Poor

Suggestion: _____

3. The comfort of the reception area Excellent Good Poor

Suggestion: _____

4. The Cleanliness of the spaces Excellent Good Poor

Suggestion: _____

5. Reception of your visit was inviting Excellent Good Poor

Suggestion: _____

6. Staff Was knowledgeable Excellent Good Poor

Suggestion: _____

7. Support staff Was courteous Excellent Good Poor

Suggestion: _____

8. Your service Excellent Good Poor

Suggestion: _____

9. Questions were answered promptly Excellent Good Poor

Suggestion: _____

10. Concerns were addressed expediently Excellent Good Poor

Suggestion: _____

11. Communication with your practitioner Excellent Good Poor

Suggestion: _____

12. Referral & Resource services Excellent Good Poor

Suggestion: _____

13. The quality of care you received Excellent Good Poor

Suggestion: _____

14. Overall Satisfaction Excellent Good Poor

Suggestion: _____

How likely are you to recommend our services?

Not at all 1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Highly

Is there anything else you would like us to know?

Suggestion:
