



How Are We Doing? 30 Day Satisfaction Survey

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Addiction Angels of America welcomes your feedback and your answers will be kept confidential. Thank you.

General Patient Information

In general, what is the quality of your health?

Outstanding Good Some chronic issues Poor

How would you rate our concern for your privacy?

Outstanding Good Adequate
 Needs improvement Poor N/A

How would you rate our concern for your treatment?

Outstanding Good Needs improvement

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

Scheduled by phone Dropped in

How easy was it to make an appointment by telephone?

Outstanding 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

Was the person who scheduled your appointment courteous and helpful?

Very courteous Rude

If you scheduled an appointment, was your appointment date later than you expected?

Yes | No

Day of Your Appointment

How would you rate the courtesy of the staff at Angels of America?

Very courteous Rude

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 _____

Which department(s) did you visit during your appointment?

Doctor Counseling & Therapy Lab

The Doctor

Were you able to see the doctor of your choice?

Yes | No | N/A

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

Yes | No | N/A

Mark the boxes that characterize the demeanor of your doctor:

Attentive Concerned Friendly
 Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

Outstanding Good Adequate
 Needs improvement Poor N/A

Please rate the clarity of the doctor'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

Would you recommend this facility and its staff to your family and friends?

Yes | No | N/A

The Lab Staff

How would you rate the professionalism and competence of the person who took your blood and worked on your lab exam?

<input checked="" type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

If you received a lab exam, please indicate the type(s) of lab exam you received:

Bloodwork Urine Other _____

If you received a lab exam, was the service prompt, comfortable, and courteous?

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

Pharmacy Staff

Please rate the pharmacist you have worked with

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

Counseling Staff

Please rate the counselor you have worked with

<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate
<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Poor	<input type="checkbox"/> N/A

Additional Feedback. Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name	Last Name	Gender	Age
Address	City	State	ZIP Code
Email	Phone		

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.