

## How Are We Doing? 6 Month 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

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Were your questions answered to your satisfaction?

Yes |  No |  N/A

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

Yes |  No |  N/A

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### The Lab Staff

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

Outstanding                       Good                                       Adequate  
 Needs improvement               Poor                                         N/A

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

Bloodwork                               Urine                                         Other \_\_\_\_\_

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

Outstanding                               Good                                         Adequate  
 Needs improvement                       Poor                                         N/A

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### Pharmacy Staff

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Please rate the pharmacist you have worked with

Outstanding                               Good                                         Adequate  
 Needs improvement                       Poor                                         N/A

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### Counseling Staff

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Please rate the counselor you have worked with

Outstanding                               Good                                         Adequate  
 Needs improvement                       Poor                                         N/A

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

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