McLaren Macomb

SATISFACTION SURVEY

Thank you for choosing McLaren Macomb for your healthcare needs. We are asking you to help us in evaluating the quality of care we provide. We would appreciate you taking a few minutes to answer the following questions. Your response is very important to assist us with the goal of continually improving our service. We assure you that your responses are strictly confidential.

Today's date_____

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N/A
SCHEDULING / REGISTRATION					
1. How satisfied were you with the ability to schedule the visit on a convenient day and time?	☐	☐	☐	☐	☐
2. How satisfied were you with the registration process?	☐	☐	☐	☐	☐
CARE FROM STAFF					
3. How satisfied were you with the courtesy of our staff at check in and check out?	☐	☐	☐	☐	☐
4. How satisfied were you with the care you received from our clinical staff (ie: Nurse, Medical Asst., etc.)	☐	☐	☐	☐	☐
5. How satisfied were you with the care you received from your Physician? _____ Physician Name	☐	☐	☐	☐	☐
WAIT TIME					
6. How satisfied were you with the total amount of time you spent at the facility?	☐	☐	☐	☐	☐
FACILITY					
7. How satisfied were you with the cleanliness of the facility?	☐	☐	☐	☐	☐

OVERALL RATING

8. Using any number from 1 to 5, where 1 is the worst medical facility possible and 5 is the best medical facility possible, what number would you rate this medical facility?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

	Yes	No
9. Would you recommend this medical facility to your family and friends?	☐	☐

ADDITIONAL COMMENTS:

_____

_____

Name(optional)