



PATIENT SATISFACTION SURVEY

Welcome to Pine Lake Health. Please take a moment to complete the following questions about your visit today.

1. **Overall impression of Pine Lake Health?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
2. **Were the Pine Lake Health hours of operation convenient for you?**
 - a) Yes
 - b) No
3. **Do you believe the location of Pine Lake Health was convenient and easily accessible?**
 - a) Yes
 - b) No
4. **How would you rate Pine Lake Health's telephone prompts?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
5. **How would you rate the scheduling of your appointment?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
6. **Were you able to get an appointment quickly?**
 - a) Yes
 - b) No
7. **Was Pine Lake Health facility satisfactory for you and your family?**
 - a) Yes
 - b) No
8. **How would you rate our billing services?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
9. **How were you treated by the Pine Lake Health providers?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
10. **How would you rate the care you received from the Pine Lake Health's nurses?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
11. **The comfort of the waiting room?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
12. **The courtesy of the registration staff?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
13. **Length of wait in the reception area?**
 - a) Excellent
 - b) Good
 - c) Fair
 - d) Poor
14. **With regards to explanations about your illness, treatment, and services were you or members of your family?**
 - a) Well Informed
 - b) Poorly Informed
 - c) Given No Information
15. **Would you recommend Pine Lake Health to others?**
 - a) Yes
 - b) No

Comments: _____

Thank you for completing this survey!