

Dream Medical & Rehab Center
Patient Satisfaction Survey Questionnaire

Name: _____

Age: _____

Gender: _____

Rate the following services using numbers 1-5 with;

5 (great),

4(good),

3 (ok),

2(fair) and;

1 (poor).

Q1. The ease of accessing medical care in our health facility _____

Q2. Ability of accessing a qualified medical professional _____

Q3. Hour of operation in the health facility _____

Q4. Convenience of the health facility's location _____

Q5. Prompt answering of calls _____

Q6. Time you spend in the facility's waiting room _____

Q7. Time spent in the exam room _____

Q8. The time spent waiting for tests to be conducted _____

Q9. Time spent waiting for your test results _____

Q10. The medical provider's services _____

Q11. The staff's willingness to help you _____

Q12. The neatness and cleanliness of our facility _____

Q13. Our means of payment _____

Q14. State any suggestions you may have for our facility's improvement

Thank you for participating in our survey.