

Office and Clinical Staff

Primary Care Provider per insurance carrier: _____

Provider most often seen: _____

Directions: Please *do not* write your name on the survey. You may use pen or pencil. For each statement, please check the box that best represents your feelings.

		When I visit the practice, the employees at the front desk...					
		1		2		3	
Greeting	<input type="checkbox"/>	Do not greet me at all.	<input type="checkbox"/>	Do not always greet me.	<input type="checkbox"/>	Always greet me warmly.	
Smile	<input type="checkbox"/>	Do not smile	<input type="checkbox"/>	Smile occasionally	<input type="checkbox"/>	Smiles consistently	
Friendly	<input type="checkbox"/>	Are not friendly	<input type="checkbox"/>	Are sometimes friendly	<input type="checkbox"/>	Are always friendly	
Nice	<input type="checkbox"/>	Are not very nice	<input type="checkbox"/>	Are nice when things are going well	<input type="checkbox"/>	Are very nice no matter what's going on	
Patience	<input type="checkbox"/>	Get visibly frustrated	<input type="checkbox"/>	Can be impatient at times	<input type="checkbox"/>	Remain calm always	
Compassion	<input type="checkbox"/>	Are not compassionate	<input type="checkbox"/>	Are sometimes compassionate	<input type="checkbox"/>	Show compassion consistently	
Support	<input type="checkbox"/>	Do not offer comfort	<input type="checkbox"/>	Support the people that they have relationships with.	<input type="checkbox"/>	Try to be as supportive as possible with everyone	
Clean	<input type="checkbox"/>	Do not seem to care about a clean environment	<input type="checkbox"/>	Are inconsistent about presenting a clean practice	<input type="checkbox"/>	Keep a clean environment.	
Relax	<input type="checkbox"/>	Their overall attitude adds to the stress	<input type="checkbox"/>	Try to create a relaxed space.	<input type="checkbox"/>	Take pride in creating a relaxed environment.	
Courteous	<input type="checkbox"/>	Are abrasive and short	<input type="checkbox"/>	Are polite when things are going well.	<input type="checkbox"/>	Are very polite and accommodating	
Professional	<input type="checkbox"/>	Are not very professional	<input type="checkbox"/>	Need training and coaching on being a professional	<input type="checkbox"/>	A model of professionalism for others to follow.	
Clean	<input type="checkbox"/>	Do not seem to care about a clean environment	<input type="checkbox"/>	Are inconsistent about presenting a clean practice	<input type="checkbox"/>	Keep a clean environment.	

Additional comments:

Thank you for your time in completing this survey. It is the goal of Long Pond Pediatrics and Osteopathy to incorporate patient feedback into our quality care and improvement plans. Your patient experience and satisfaction is very important to all of the Long Pond Pediatrics physicians and staff.

Access

Please circle your response.

When you call the office for an appointment your child needs right away, how often do you get an appointment as soon as you need it?

Never **Sometimes** **Usually** **Always**

When you call the office with a medical question during regular office hours, how often do you get an answer to your question that same day?

Never **Sometimes** **Usually** **Always**

When you call our office after regular office hours, how often do you get the help or advice you need?

Never **Sometimes** **Usually** **Always**

When you schedule an appointment for a check-up or routine care at our office, how often do you get an appointment as soon as you need it?

Never **Sometimes** **Usually** **Always**

Was your child taken to the exam room within 15 minutes of your appointment time?

Yes **No**

Once you and your child were in the exam room, did the person you were scheduled to see come in within 15 minutes?

Yes **No**

Communication

Please circle your response.

Does your child's doctor explain things in a way that was easy to understand?

Yes **No**

Does your child's doctor listen carefully to you and your child?

Yes **No**

Does your child's doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering your child?

Yes **No**

Does your child's doctor give you clear instructions about what to do if your child's symptoms got worse or came back?

Yes **No**

Does your child's doctor show respect for what you and your child had to say?

Yes **No**

Does your child's doctor spend enough time with you and your child?

Yes **No**

Knowledge of Patient

Please circle your response.

Does your child's doctor seem to know all the important information about your child's medical history?

Yes **No**

How would you rate your child's doctor's knowledge about your child as a person (special abilities, concerns, fears)?

Very poor **Poor** **Fair** **Good** **Very good** **Excellent**

Health Promotion

Please circle your response.

In the last 12 months did your child's doctor talk with you about how your child is growing and developing?

Yes **No** **Does not apply**

In the last 12 months did your child's doctor talk with you about protecting your child from injury (for example, in a car, on a bike, at home)?

Yes **No**

In the last 12 months did your child's doctor give you the information that you needed about food and nutrition for your child?

Yes, definitely **Yes, somewhat** **No, definitely not** **I did not need information about food & nutrition**

In the last 12 months did your child's doctor give you the information that you needed to help you understand and deal with your child's behavior?

No **Yes, definitely** **Yes, somewhat** **No, definitely not** **I did not need information about my child's behaviors**

In the last 12 months did your child's doctor remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)?

Yes **No**

Additional comments:
